

# HEARING PROTECTION FIT-TEST RECORD

**1. DATE (YYYYMMDD)**

## PRIVACY ADVISORY

Disclosure of this information is voluntary and will be used to document the results of a fit test for a hearing protection device. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

<b>2. NAME</b> (Last, First, Middle Initial)	<b>3. DOD ID NUMBER</b>	<b>4. DATE OF BIRTH (YYYYMMDD)</b>
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<b>5. DOD COMPONENT</b> A - ARMY   F - AIR FORCE   S - SPACE FORCE N - NAVY   M - MARINE CORPS   1 - OTHER	<b>6. SERVICE COMPONENT</b> <input type="checkbox"/> REGULAR <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVE <input type="checkbox"/> CIVILIAN <input type="checkbox"/> OTHER (Specify) _____
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<b>7. SERVICE DUTY OCCUPATION CODE</b>	<b>8. CIVILIAN JOB SERIES</b>	<b>9. INSTALLATION/COMMAND/UNIT</b> <i>(Authorized abbreviation of military installation or command.)</i>
		<b>10. UIC</b>

11. PERSONAL HEARING PROTECTION											
	a. MANUFACTURER	b. MODEL	c. SIZE <small>(S - Small, M - Medium, L - Large, C - Customized)</small>	d. PERSONAL ATTENUATION RATING (PAR)						e. COMBINED PAR	
RIGHT EAR				125 Hz	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz	
LEFT EAR											

**f. REASON FOR HP FIT-TEST** (Check the appropriate box):

<input type="checkbox"/> INITIAL ENTRY INTO HEARING CONSERVATION PROGRAM	<input type="checkbox"/> POST-TTS, PTS, OR STS
<input type="checkbox"/> REQUESTED BY INDIVIDUAL	<input type="checkbox"/> ALTERNATIVE HEARING PROTECTION DEVICE
<input type="checkbox"/> OTHER (Specify) _____	

**g. EXPLANATION OF PAR**

(1) Using the same fit technique will increase the probability of achieving similar PAR.

(2) The PAR is applicable to the hearing protection devices (HPDs) tested. Different HPDs may produce a different PAR.

12. HEARING PROTECTION FIT-TEST SYSTEM			
<b>a. MANUFACTURER</b>	<b>b. MODEL</b>	<b>c. SERIAL NUMBER</b>	<b>d. LAST CALIBRATION DATE (YYYYMMDD)</b>

13. HEARING PROTECTION FIT-TEST OPERATOR		
<b>a. NAME</b>	<b>b. DOD CERTIFICATION NO. OR OTHER</b>	<b>c. TRAINING DATE (YYYYMMDD)</b>