Sound and headset incident report

Every field is optional except those marked required. Nothing is sent anywhere; the report stays on your device until you download or print it.

1. Report and respond

Date and time of the event (required)

_____

Worker name and job title (required)

_____

Where the worker was (site, home office, vehicle, other)

_____

Headset or device in use (make and model if known; one ear or both)

_____

Volume setting at the time (percent or notch, if known)

_____

What was heard: loud tone, feedback squeal, shouting caller, alarm, static burst, other (choose all that apply)

[ ] Loud tone

[ ] Feedback squeal

[ ] Shouting caller

[ ] Alarm

[ ] Static burst

[ ] Other

Other sound, if applicable: _____

Account in the worker's own words (required)

_____

First symptoms and when each began: ringing, ear pain, ear fullness, sound sensitivity, headache, dizziness, nausea, trouble concentrating (time for each)

Ringing onset time: _____

Ear pain onset time: _____

Ear fullness onset time: _____

Sound sensitivity onset time: _____

Headache onset time: _____

Dizziness onset time: _____

Nausea onset time: _____

Trouble concentrating onset time: _____

Name of the person the worker reported to, and the time reported

_____

Report ID / department or site

_____

Report received date and local time / time zone

_____

Symptoms, onset, duration, recovery away from the task and any earlier similar incidents

_____

Witnesses / available records, device logs, call IDs and preservation owner

_____

The employer must have a reasonable way for workers to report a work-related injury or illness promptly, and may not discourage reporting (Occupational Safety and Health Administration, n.d.-a).

2. Protect the person now

Headset removed: yes or no, and the time

_____

Worker moved to a quiet space: yes or no

_____

Worker relieved from calls for the rest of the shift: yes or no

_____

First aid or medical referral offered: yes or no; where

_____

Who was notified (supervisor, safety officer, human resources)

_____

Device taken out of service for checking: yes or no

_____

Urgent signs reported and action taken / time (do not delay urgent care)

_____

Immediate safety actions and temporary work changes agreed with the worker

_____

Federal guidance for call and dispatch centers tells employers to supply noise-limiting equipment, keep volume controls at safe levels, reduce background noise, train workers, and test hearing (National Institute for Occupational Safety and Health, 2011).

3. Examine the work

Hours on the headset that shift, and average daily hours

_____

Background noise at the workstation (quiet, moderate, loud; measured level if available)

_____

Line quality problems that shift: echo, delay, dropouts, weak caller audio

_____

Headset has a sound limiter: yes, no, unknown

_____

Earlier incidents on the same device or line (dates)

_____

Earlier incidents reported by this worker (dates)

_____

Whether a hearing conservation program covers this job: yes, no, unknown

_____

Federal guidance for call and dispatch centers tells employers to supply noise-limiting equipment, keep volume controls at safe levels, reduce background noise, train workers, and test hearing (National Institute for Occupational Safety and Health, 2011).

4. Review accommodations

Did the worker ask for a change at work: yes or no; date

_____

What was asked for (limiter headset, one-ear headset, volume cap, quiet room, breaks off the headset, changed duties, other)

_____

Date the employer and worker first met about the request

_____

Outcome: granted, partly granted, denied, pending

_____

If denied, the stated reason

_____

Under the Americans with Disabilities Act, hearing, concentrating, communicating, and working are major life activities, and an impairment that comes and goes counts when it is active (Americans with Disabilities Act of 1990, 2008). Employers are expected to use an informal, interactive process with the worker to find a reasonable accommodation (Equal Employment Opportunity Commission, n.d.).

5. Keep reports safe

Person who holds the original report (name, role)

_____

Medical details kept in a separate confidential file, not the personnel file: yes or no

_____

Worker received a copy: yes or no; date

_____

Worker consent to share with named parties (list each)

_____

Medical information an employer obtains about a worker must be kept on separate forms, in separate files, and treated as confidential (Americans with Disabilities Act of 1990, 42 U.S.C. § 12112(d)(3)(B), (d)(4)(C)).

6. Follow through

Hearing test (audiogram): date and result (normal, changed, pending)

_____

Balance testing if dizziness was present: date and result

_____

Clinician seen (name, specialty) and date

_____

Symptom check at 24 hours, 7 days, and 30 days: still present or resolved, for each symptom in Step 1

Ringing, 24 hours: _____

Ear pain, 24 hours: _____

Ear fullness, 24 hours: _____

Sound sensitivity, 24 hours: _____

Headache, 24 hours: _____

Dizziness, 24 hours: _____

Nausea, 24 hours: _____

Trouble concentrating, 24 hours: _____

Ringing, 7 days: _____

Ear pain, 7 days: _____

Ear fullness, 7 days: _____

Sound sensitivity, 7 days: _____

Headache, 7 days: _____

Dizziness, 7 days: _____

Nausea, 7 days: _____

Trouble concentrating, 7 days: _____

Ringing, 30 days: _____

Ear pain, 30 days: _____

Ear fullness, 30 days: _____

Sound sensitivity, 30 days: _____

Headache, 30 days: _____

Dizziness, 30 days: _____

Nausea, 30 days: _____

Trouble concentrating, 30 days: _____

Recordkeeping decision: whether the case was entered on the injury and illness log, and by whom

_____

Equipment change made (what and when)

_____

Retaliation concern raised: yes or no

_____

Equipment/exposure review and clinical or occupational-health follow-up (if chosen)

_____

Accountable lead and next contact date

_____

Worker copy provided / date; review outcome and agreed next step

_____

A hearing loss case is recordable when an audiogram shows a standard threshold shift and the worker's overall hearing level is 25 decibels or more above audiometric zero in the same ear (Occupational Safety and Health Administration, n.d.-b). Workers are protected from retaliation for reporting a safety or health concern (Occupational Safety and Health Act of 1970, 29 U.S.C. § 660(c)).

Section 5 sources

Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12102, 12112 (2008). https://www.law.cornell.edu/uscode/text/42/12112

Equal Employment Opportunity Commission. (n.d.). Process for determining the appropriate reasonable accommodation (29 CFR 1630.2(o)(3)). https://www.law.cornell.edu/cfr/text/29/1630.2

National Institute for Occupational Safety and Health. (2011). Workplace solutions: Reducing noise hazards for call and dispatch center operators (DHHS [NIOSH] Publication No. 2011-210). https://www.cdc.gov/niosh/docs/wp-solutions/2011-210/pdfs/2011-210.pdf

Occupational Safety and Health Act of 1970, 29 U.S.C. § 660(c). https://www.law.cornell.edu/uscode/text/29/660

Occupational Safety and Health Administration. (n.d.-a). Employee involvement (29 CFR 1904.35). https://www.law.cornell.edu/cfr/text/29/1904.35

Occupational Safety and Health Administration. (n.d.-b). Recording criteria for cases involving occupational hearing loss (29 CFR 1904.10). https://www.law.cornell.edu/cfr/text/29/1904.10