## NOISE MEASUREMENT REPORT

Name/Address of Sound Source			Date of Measurement			Day of Week	
			Name and Title of Responsible Party if Advised of Complaint:				
Description and Locati source, whether measure limits (e.g., impulsive, s	ement represen	ts complaint conditi	ions, characteristic o			de, Including: operation of uences measurements or	
<b>Description and Locat</b> all measurements. Exam						ce facility and included in estigation; and, insects.)	
Description and Locati measurements. Example							
Instrumentation Sound Level Meter Acoustic Calibrator	Make	Model #	ANSI Type/Class	Serial #		Last Lab Certified	
Calibration Times (1	Before, After, l	Every Hour)			Wind S	creen (y/n)	
Weather Conditions	Tempe	rature °F		Precipitation (y/n)			
Time Start/Finish Re	ading dBA/0	C or Hz; S/F/I Ty	pe of Residual (sou	rce off, etc.)	Location of	Measurement/Comments	
Measurement of Total Time Start/Finish Re		/C or Hz; S/F/I	Corrected (Source dB Above Residual)		Location of	Measurements /Comments	
Findings							
Time On-site		Completion	Time		Total Time	On-site	
Sound Measured By:			Re	port Reviewe	ed and Appr	roved By (If Necessary):	

Sound Source			Date of Measurement	PAGE 2
Measurement of N Time Start/Finish		od Residual Sound: dBA/C or Hz; S/F/I	Type of Residual (source off, etc.)	Location of Measurement/Comments
Measurement of Time Start/Finish	Total Sound Reading	l: dBA/C or Hz; S/F/I	Corrected (Source) Level/	Location of Measurements /Comments
			dB Above Residual	

Site Sketch