NOISE MEASUREMENT REPORT

Name/Address of Sound Source

_______________________________________

______________________________

Date of Measurement ___________ Day of Week ___________

Investigating Agent, Agency:

_______________________________________

______________________________

Name and Title of Responsible Party if Advised of Complaint:

_______________________________________

______________________________

Description and Location of Sound Source Under Investigation for Potential Violation of Noise Code, Including operation of facility, duty cycle of sound source, and if this is representative of the normal operation of the facility:

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Description and Location of Neighborhood Residual Sounds (Fairly constant in nature, not from source facility and included in all measurements. Examples may include: the surf; mechanical equipment not on the property under investigation; and, insects.)

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Description and Location of Extraneous Sounds (Intermittent in nature, not from source facility and excluded from all measurements. Examples may include: car horn; passing siren; unmuffled vehicle; aircraft; and, singular bird.)

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Instrumentation

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Serial #</th>
<th>Last Lab Certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sound Level Meter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acoustic Calibrator</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Calibration Times (Before, After, Every Hour) | Wind Screen (y/n)

Weather Conditions

<table>
<thead>
<tr>
<th>Temperature °F</th>
<th>Precipitation (y/n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wind speed MPH (Before, After, Every Hour)</td>
<td>Wind Screen (y/n)</td>
</tr>
</tbody>
</table>

Measurement of Neighborhood Residual Sound:

Time Start/Finish | Reading | dBA/C or Hz; S/F/I | Type of Residual (source off, etc.) | Location of Measurement/Comments

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Measurement of Total Sound:

Time Start/Finish | Reading | dBA/C or Hz; S/F/I | Corrected (Source) Level | Location of Measurements /Comments

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Findings

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Time On-site ________________ Completion Time ________________ Total Time On-site ______________

Sound Measured By: Report Reviewed and Approved By (If Necessary):

________________________________________________________________________________________________________

INCLUDE SITE SKETCH ON REVERSE (with source, walk-around route, and exact measurement locations)