

Audiometry in the Workplace

Audiometry in the Workplace training is in accordance with AS/NZS 1269.4:2014 Occupational Noise Management: Part 4 Auditory assessment. The workshop topics include the topics needed to conduct workplace audiometry assessments.

The course will cover:

DAY 1

- Purpose of workplace audiometry testing
- Effects of noise
- Anatomy & physiology of the ear
- Tinnitus
- The audiogram
- The standard for workplace audiometry (AS/NZ 1269)
- Testing requirements for workplaces
- Case history
- Otoscopic inspection
- Practical activities

DAY 2

- Workplace audiometry continued
- Sources of variability in test results
- Equipment checks & calibration
- Uncooperative test subjects
- Interpretation and referral
- Hearing protection
- Basics of hearing rehabilitation options
- Practical activities
- Theoretical examination
- Practical assessment

Time: 8.00am – 5pm
Dates: To be advised
Venue: Occupational Health Professionals
 Training Facility
Parramatta NSW 2150

Morning / afternoon tea and lunch will be provided each day.

A participant manual will be included. Each participant who successfully completes the course will be issued with a Certificate of Attendance.

Note: Please contact us prior to training if you have specific dietary needs or disability access requirements.

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Tax Invoice / Registration Form

Please complete one form for each participant and return to:

Occupational Health Professionals Pty Ltd

ABN: 46 003 124 098

PO Box 339 Parramatta NSW 2124

Phone: 02 9072 4669

Email: admin@ohp.com.au

Name: _____

Position: _____

(if applicable)

Organisation: _____

(if applicable)

Phone: _____

Postal Address: _____

Home

Work

Email: _____

Payment Details: Refer to OHP

Address invoice to:

Cheque (cheques payable to Occupational Health Professionals Pty Ltd)

EFTPOS (payments will be processed on the day)

Correct money

Credit card (Credit card payments will incur a 3% processing fee.
 VISA and MasterCard accepted – AMEX not accepted)

Card Number: _____

Card Type: _____ Card Expiry: _____

Card Holders Name: _____

Authorising Signature: _____

Note: Once completed this registration form acts as a tax invoice.