

APPENDIX B

Employee Letter for Notification of STS

TO: [Employee name and address]
FROM: [EHS Rep.]
DATE: [Current Date]
SUBJECT: Hearing Loss

The results of your recent [U-M Occupational Health Services](#) physical examination indicate you have sustained a Standard Threshold Shift (STS) in your hearing ability. A STS is a permanent hearing loss of 10 decibels or greater averaged over the 2000, 3000 and 4000 Hertz frequency ranges in either ear. This is based on a comparison of your most recent audiogram with your initial baseline audiogram with allowances made for your age. In Michigan, a work related STS is not a recordable injury with MIOSHA until there is also a 25 decibel, or greater, loss from audiometric zero, which is the amount of sound pressure that is audible to the average, normal, young ear.

The 2000 to 4000 Hertz frequency range is considered to be part of the speech frequency range. Losses in this range will eventually make it difficult to understand normal conversation. You may start to notice that people have to shout to make you understand. Telephone and radio use will be affected due to the absence of face to face contact. To enhance your quality of life, these types of problems can be reduced by using effective hearing conservation methods.

As your employer it is our responsibility to inform you of this hearing loss and to provide you with information and personal protective equipment to preserve your present hearing level. It is necessary to continue wearing effective hearing protection, such as ear plugs or muffs when working in noisy environments. Noise induced hearing loss is a gradual process that you may not realize is occurring until it's too late and there is no treatment for it.

As your EHS representative, I will use this meeting to discuss:

- STS and audiometric zero,
- recognizing noisy environments,
- noise exposure on and off the job,
- methods used to control and reduce noise exposure,
- properly selecting and fitting hearing protection, and
- monitoring of workplace noise levels.

Please feel free to question or comment on any other concerns you may have regarding noise or your STS.

EHS Representative: _____ Date: _____

Employee: _____ Date: _____

cc: Work~Connections
Medical File
[Employee's Departmental Files]