



2 Bedbrook Place
Shenton Park WA 6008
Ph 08 9388 5555
Advisory 1300 794 744
www.workcover.wa.gov.au

NOTICE OF ARRANGEMENT OF AUDIOMETRIC TEST Form 18

To: (Full legal name of worker)

phuong sefl nguyen minh

Address of worker

1/30 Keats AVE

30

Notice is hereby given that I have arranged for you to undergo an audiometric test to be conducted by:

Name of person approved under regulation 19B

Dr. Hanh Nguyen

Name of clinic

Belmont

Address of clinic

1 Frederick Street Belmont WA

Time of test

03:31

Date of test

24-11-2014

(dd/mm/yyyy)

Name of employer

Location/worksite

Employer WorkCover No (obtainable from your insurer)

WC sasa

Name of person arranging test

sasa

Date

24-11-2014

Position

sasa

Signature of person arranging test

(dd/mm/yyyy)

Non attendance:

A worker shall not, without reasonable excuse, fail to submit themselves for an audiometric test of which the worker has notice (regulation 19D(3)).

Period of Quiet:

An employer shall ensure that the worker is not knowingly exposed in the workplace, and the worker shall not knowingly permit himself to be exposed, to noise levels above 80dB(A) during 16 hours immediately preceding the audiometric test (regulation 19D(2)).

To be completed at the start of the appointment

I (Full legal name of worker)

phuong sefl nguyen minh

Confirm that I have observed the period of quiet.

Date

24-11-2014

Worker's signature

(dd/mm/yyyy)

Date

24-11-2014

Tester's signature

(dd/mm/yyyy)