

Wireless Noise Canceling Ear Buds Program

Name: _____ S#: _____

Department: _____

Mailing Address: _____

Contact Number: _____

In order to participate in this program; Employees must comply with the following:

1. Employee must a be full time Facilities Services employee, part-time employees are not eligible to participate.
2. Employee must work in a high noise environment.
3. Employees are only eligible to participate in this program **once every three years.**
4. Employee shall limit the volume of the wireless noise cancelling ear buds so that the that music or noise coming from the ear buds cannot be heard by a co-worker standing within two feet of the employee.
5. Employee's Supervisor must approve of the employee wearing wireless noise cancelling ear buds (must sign form below).
6. The Environmental Health and Safety Manager has the FINAL approval of the employee wearing wireless noise cancelling ear buds.

NOTE: Environmental Health & Safety has and will supply departments with disposable ear plugs. Wireless Noise Canceling Ear Buds must be paid for by the Employee's Department.



Supervisor/ Manager's Approval:

Print Name: _____

Department: _____

EVHS Office use only:

FINAL Approval By:

Date:

Richard Millet
Environmental Health & Safety Manager