

SUBJECT: Construction Noise and Vibration Assessment and Management		REFERENCE # 1	
CLINTON REGIONAL HOSPITAL		PAGE: 1 OF: 1	
DEPARTMENT: HOSPITAL WIDE		EFFECTIVE: 1/1/2023	
APPROVED BY:		REVISED: 12/30/2024	REVIEWED: 4/15/25

CONSTRUCTION NOISE AND VIBRATION ASSESSMENT AND MANAGEMENT

(Date) _____	
Project Name:	
Project Manager:	
Facility Representative:	
Department Head of Affected Area:	
General Contractor:	
Electrical Contractor:	
Plumbing Contractor:	
Mechanical Contractor:	
Locations of Noise and Vibration Assessments	
1.	
2.	
3.	
4.	
5.	
6.	
Dates Planned for Noise and Vibration Activity	Times Planned for Noise and Vibration Activity
Sources of Noise and Vibration	Mitigation/Management Plan <small>(include work period limitations and immediate suspension of work)</small>
Drilling	
Hammering	
Sawing	
Grinding	
Excavation	
Other (list)	
Facility Director/Plant Operations Director	Construction Project Manager
_____ (sign and date)	_____ (sign and date)