

ACOUSTIC ASSESSMENT REPORT CHECK-LIST
November, 2004

Company Name: _____

Company Address: _____

Facility Location: _____

Company Contact: _____

Phone Number: _____

The attached Acoustic Assessment Report was prepared in accordance with the guidance in the ministry document "Information to be Submitted for Approval of Stationary Sources of Sound" (NPC 233) dated October 1995 and the minimum required information identified in the check-list on the reverse of this sheet has been submitted.

Name: _____

Position: _____

Representing: _____

Phone Number: _____

Signature: _____

Date: _____

ACOUSTIC ASSESSMENT REPORT CHECKLIST
November, 2004

Required Information		Submitted	Explanation/Reference
1.0	Introduction (Project Background and Overview)	<input type="checkbox"/> Yes	
2.0	Facility Description		
	2.1 Operating hours of facility and significant Noise Sources	<input type="checkbox"/> Yes	
	2.2 Site Plan identifying all significant Noise Sources	<input type="checkbox"/> Yes	
3.0	Noise Source Summary		
	3.1 <i>Noise Source Summary Table</i>	<input type="checkbox"/> Yes	
	3.2 Source noise emissions specification	<input type="checkbox"/> Yes	
	3.3 Source power/capacity ratings	<input type="checkbox"/> Yes	
	3.4 Noise control equipment description and acoustical specifications	<input type="checkbox"/> Yes	
4.0	Point of Reception Noise Impact Analysis		
	4.1 <i>Point of Reception Noise Impact Table</i>	<input type="checkbox"/> Yes	
	4.2 Point(s) of Reception (POR) list and description	<input type="checkbox"/> Yes	
	4.3 Land-use Zoning Plan	<input type="checkbox"/> Yes	
	4.4 Scaled Area Location Plan	<input type="checkbox"/> Yes	
	4.5 Procedure used to assess noise impacts at each POR	<input type="checkbox"/> Yes	
	4.6 List of parameters/assumptions used in calculations	<input type="checkbox"/> Yes	
5.0	Acoustic Assessment Summary		
	5.1 <i>Acoustic Assessment Summary Table</i>	<input type="checkbox"/> Yes	
	5.2 Rationale for selecting applicable noise guideline limits	<input type="checkbox"/> Yes	
	5.3 Predictable Worst Case Impacts Operating Scenario	<input type="checkbox"/> Yes	
6.0	Conclusions		
	6.1 Statement of compliance with the selected noise performance limits	<input type="checkbox"/> Yes	
7.0	Appendices (Provide details such as)		
	Listing of Insignificant Noise Sources	<input type="checkbox"/> Yes	
	Manufacture's Noise Specifications	<input type="checkbox"/> Yes	
	Calculations	<input type="checkbox"/> Yes	
	Instrumentation	<input type="checkbox"/> Yes	
	Meteorology during Sound Level Measurements	<input type="checkbox"/> Yes	
	Raw Data from Measurements	<input type="checkbox"/> Yes	
	Drawings (Facility / Equipment)	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	