The Mobile Audiology Field Guide

On-site hearing testing, occupational conservation, and bringing the booth to the people

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This e-book is editorial and educational commentary published by Mobile Audiology Service in July 2026. It summarizes publicly reported standards and hearing-care practices as an aid to employers, health professionals, and program administrators; it is not legal, medical, or compliance advice, and it does not replace the current text of OSHA regulations, applicable standards, or the judgment of a qualified audiologist. Regulations, coverage rules, and standards change — always verify against current sources before relying on them. No statement here guarantees any compliance, reimbursement, or health outcome.

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Foreword

The best hearing test is the one that actually happens. A great deal of hearing care never occurs simply because getting to a clinic is inconvenient — for a workforce that cannot leave a job site, a school full of children, or a community where specialists are scarce. Mobile audiology exists to remove that barrier by bringing comprehensive hearing testing to where people already are.

Mobile Audiology Service delivers hearing screening and testing in a state-of-the-art mobile booth: audiometric testing, tympanometry, OAE screening, hearing aid fitting and verification, industrial hearing conservation programs, and school screening — on your site, same-day. This field guide gathers the standards and practices behind that work and makes the case for a model built on access.

It is written for the employers, program administrators, and health professionals who arrange hearing services for the people they are responsible for. Read it once, then keep it handy. The checklists at the end of each chapter are meant to be adapted to your own site and population.

Chapter 1 — The Case for Bringing the Booth to People

The defining insight of mobile audiology is that access drives outcomes. A hearing service that requires people to travel to a fixed clinic loses many of them to inconvenience; a service that comes to them captures far more. Because hearing care only helps the people who actually receive it, accessibility is not a nice-to-have — it is the core of the value.

The barrier that mobile testing removes is friction. For a noise-exposed workforce, off-site testing means travel, lost work time, and scheduling disruption, and in practice that friction is where hearing programs lose compliance — tests get postponed, missed, or skipped. For schools, transporting children off-site for screening is impractical at scale. For communities where audiologists are scarce, the nearest clinic may be far away. In every case, the fixed-clinic model leaves people untested who need testing, not because they refuse but because the logistics defeat them.

Mobile audiology inverts the model. When the booth comes to the site, testing fits into the day instead of interrupting it, and participation rises because the barrier falls. This is why accessibility translates directly into better hearing conservation outcomes — a program people can actually complete is a program that works, and a program that fights their schedule is a program that fails quietly.

Same-day, on-site service is the practical expression of this. Mobile Audiology Service brings a fully equipped booth, the testing, and the documentation to the location, so an organization coordinates access and little else. The model is simple and the payoff is large: more people tested, more consistently, means more hearing protected. Everything else in this book builds on that foundation.

Field Checklist

- Recognize access as the driver of hearing outcomes
- Remove the travel and scheduling friction of fixed clinics
- Deliver testing on-site so it fits the day

Chapter 2 — What a Full Audiology Service Covers

Mobile audiology is not a single test delivered in a van; it is a range of services, each answering a different clinical question. Understanding what a comprehensive mobile service covers clarifies what these programs can actually accomplish on-site.

Audiometric testing is the foundation — measuring hearing thresholds across frequencies to characterize how well a person hears. It is the core of occupational surveillance and general screening alike, and everything else complements it. In a calibrated, soundproof mobile booth, audiometry can be delivered on-site to the same standard as a fixed clinic, which is what makes the mobile model clinically credible rather than a compromise.

Tympanometry and OAE screening add complementary information. Tympanometry assesses the middle ear — eustachian tube function and middle ear pressure — identifying conditions that affect hearing but originate in the mechanics of the ear rather than the nerve. Otoacoustic emissions (OAE)

screening tests the inner ear's response and is especially useful for newborn and pediatric screening, where a child may not be able to participate in standard audiometry. Together, these tests build a fuller picture than audiometry alone.

Hearing aid verification rounds out the clinical side. Real-ear measurements and programming verification confirm that a hearing aid is actually delivering the amplification a person needs — a step that is often skipped but makes the difference between a device that helps and one that disappoints. Mobile Audiology Service provides audiometric testing, tympanometry, OAE screening, and hearing aid verification in a fully equipped on-site booth. The breadth matters: a service that covers the range of hearing needs is far more useful to an organization than one that can only run a basic screen.

Field Checklist

- Anchor the program on calibrated audiometric testing
- Add tympanometry and OAE for a fuller clinical picture
- Verify hearing aids with real-ear measurement

Chapter 3 — Industrial Hearing Conservation and OSHA

A major application of mobile audiology is industrial hearing conservation — protecting noise-exposed workers from permanent, preventable hearing loss. This work is governed by OSHA's occupational noise exposure standard, and understanding it is essential for any employer with a noisy workplace.

OSHA's standard, 29 CFR 1910.95, requires a hearing conservation program for workers exposed at or above 85 dBA averaged over an 8-hour workday. That action level is the trigger that turns hearing conservation from good practice into a defined obligation. The program it requires is a connected system: noise monitoring, audiometric testing, hearing protection, training, and recordkeeping — each part supporting the others, and audiometric testing serving as the surveillance that detects hearing change over time.

The audiometric component works by comparison. A baseline audiogram establishes each worker's starting hearing, and annual audiograms are compared against it to detect a standard threshold shift — a defined worsening that signals the program must respond before a temporary change becomes permanent loss. Catching that shift early is the entire point of surveillance, and it only works if testing happens consistently, every year, for everyone covered. A program that skips tests is blind to exactly the changes it exists to catch.

The stakes justify the effort. About 22 million U.S. workers face hazardous workplace noise each year, and noise-induced hearing loss is permanent once it develops yet fully preventable with monitoring, protection, and regular testing. Mobile Audiology Service delivers OSHA baseline and annual audiometric surveillance for noise-exposed workers on-site, where the convenience keeps compliance high. Always verify the current text of 29 CFR 1910.95, as regulatory details can change — but the underlying logic is durable: consistent surveillance is how a preventable injury stays prevented.

Field Checklist

- Identify workers exposed at or above 85 dBA over 8 hours
- Run baseline and annual audiometry to detect threshold shifts

- Keep testing consistent so shifts are caught early

Chapter 4 — The Mobile Booth and ANSI S3.6

The technical credibility of mobile audiology rests on one thing: producing valid, reliable test results outside a fixed clinic. This is a real engineering challenge, and the standards and equipment that solve it are what separate genuine mobile audiology from an informal screen.

The relevant standard for audiometers is ANSI S3.6, the specification for audiometers, which defines the requirements the testing equipment must meet. Testing on ANSI S3.6-compliant, calibrated equipment is what makes an audiogram technically valid. Equipment that does not meet the standard, or that is out of calibration, cannot be trusted to produce accurate results — and an inaccurate audiogram is worse than none, because it substitutes false confidence for real information.

Ambient noise is the other challenge, and it is where the mobile model earns its equipment. A hearing test requires a sufficiently quiet environment, because background noise masks true thresholds and distorts results. On a real-world site — a factory floor, a school, a workplace — quiet does not occur naturally. It is created by a calibrated, soundproof mobile booth that isolates the person being tested from the surrounding noise, producing clinic-quality conditions wherever the booth is parked. The booth is the technology that makes valid on-site testing possible.

Calibration ties it together. Audiometric equipment must be maintained and calibrated to remain accurate, so a serious mobile provider keeps its booth and audiometers within specification. Mobile Audiology Service delivers testing in an ANSI S3.6-compliant, calibrated soundproof mobile booth, so results are clinically valid and defensible. The point is that mobile audiology, done properly, is not a lesser version of clinic testing — it is clinic-quality testing brought to a new location, backed by the same standards.

Field Checklist

- Test on ANSI S3.6-compliant, calibrated audiometers
- Use a soundproof booth to create clinic-quality quiet on-site
- Maintain calibration so results stay valid and defensible

Chapter 5 — Screening Across Populations

Different populations need different approaches to hearing screening, and a versatile mobile service adapts to each. Understanding how screening changes across settings shows the range of what mobile audiology can do beyond the industrial workplace.

Occupational screening focuses on noise-exposed adults and is built around the OSHA surveillance model — baseline and annual audiometry compared over time to detect work-related hearing change. Here the goal is prevention: catching a threshold shift early so protection can be improved before loss becomes permanent. The population is defined by exposure, and the program is defined by consistency.

School screening serves an entirely different population and purpose. K-12 hearing screening identifies children whose undetected hearing problems could affect learning and development, and here the emphasis is on efficient screening at scale with referral coordination for children who need

further evaluation. OAE screening is particularly valuable for younger children who cannot reliably participate in standard audiometry. The aim is to catch problems early in life, when intervention has the greatest benefit — and mobile delivery makes screening a whole school practical, because the booth comes to the children rather than the children traveling to a clinic.

Newborn and pediatric screening, community programs, and other settings each bring their own considerations, but the unifying principle is adaptability: matching the testing approach to the population and setting. Mobile Audiology Service provides industrial hearing conservation, school screening, and the full range of audiometric and OAE testing, adapting to each population it serves. A mobile provider's value lies partly in this flexibility — one service, delivered on-site, that can meet the hearing-screening needs of very different groups where they are.

Field Checklist

- Match the screening approach to the population and setting
- Use OAE screening for young children and newborns
- Build in referral coordination for those who need follow-up

Chapter 6 — Access, Coverage, and 2026 Medicare Changes

Mobile audiology's central promise is access, and the broader hearing-care landscape in 2026 is shifting in ways that reinforce that promise. Two developments — evolving coverage rules and advancing technology — are expanding who can reach hearing care and how.

On the coverage side, Medicare policy has moved toward direct access to audiology services. Recent policy allows beneficiaries to reach audiology services more directly, reducing the physician-referral friction that previously stood between a patient and a hearing evaluation. Removing that barrier matters because friction, once again, is what keeps people from care they need — and a coverage change that lowers friction fits naturally with a delivery model built on lowering friction. Coverage and reimbursement rules are complex and change over time, so always verify current Medicare policy before relying on it; the direction, though, is toward broader access.

On the technology side, teleaudiology and automated, AI-assisted audiometry are expanding access to hearing testing where specialists are scarce. These tools let more testing happen in more places, and they are a strong fit for mobile and on-site programs that already bring the booth to the person. Technology that extends the reach of a limited audiology workforce complements the mobile model rather than competing with it — both are answers to the same problem of getting hearing care to underserved people and places.

The theme uniting these developments is that the barriers to hearing care are falling — in policy, in technology, and in delivery. Mobile Audiology Service sits at the center of that shift, using an on-site model to bring testing to people while coverage and technology expand who can be reached. For an organization arranging hearing services, the practical takeaway is that access has never been more achievable — and a mobile provider is built to capture exactly that opportunity.

Field Checklist

- Track evolving coverage rules that expand access
- Use technology that extends limited audiology capacity

- Verify current Medicare policy before relying on it

Chapter 7 — Documentation and Follow-Up That Sticks

A hearing test that leads to nothing is a wasted opportunity. The value of screening is realized only when results are documented and, where needed, acted on — which is why documentation and follow-up are as important as the testing itself.

Documentation is the record that makes a program real. For occupational programs, OSHA requires recordkeeping, and every audiogram, comparison, and follow-up action must be documented and retained because the record is the evidence the program did what it was required to do. For all programs, documentation provides the continuity that makes surveillance meaningful — hearing changes slowly, and only a consistent, retained record allows each test to be compared against a reliable history. A test performed but not properly recorded leaves a gap that undermines the comparisons the program depends on.

Follow-up is where screening turns into care. A screening that identifies a problem accomplishes nothing unless the person is referred and connected to the next step, whether that is further evaluation, better hearing protection, or treatment. Referral coordination — making sure the people who need follow-up actually get it — is what closes the loop between finding a problem and doing something about it. Compliance improves markedly when a program handles this handoff well rather than leaving flagged individuals to navigate the next step alone.

For an organization, reliable documentation and follow-up make a program both compliant and genuinely effective. Mobile Audiology Service provides the testing, the documentation, and the referral coordination that turn screening into outcomes. The testing is the visible service; the disciplined documentation and follow-up are what make it stick. A program that tests, records, and follows through is one that actually protects hearing — which is, after all, the entire point.

Field Checklist

- Document and retain every test and comparison
- Maintain continuous records for reliable comparison
- Coordinate referrals so findings lead to action

Conclusion: Hearing Care That Actually Reaches People

Mobile audiology comes down to a single conviction: hearing care only helps the people it actually reaches, so the whole discipline is organized around access. Everything in this book serves that conviction — the on-site model that removes the friction of fixed clinics, the range of services from audiometry to hearing aid verification, the industrial conservation programs that protect noise-exposed workers, the ANSI S3.6 booth that makes on-site testing valid, the population-specific screening that adapts to workers and children alike, and the documentation and follow-up that turn a test into an outcome.

The landscape in 2026 favors this model. OSHA's hearing conservation standard continues to require consistent audiometric surveillance for noise-exposed workers; Medicare policy is moving toward more direct access to audiology; and teleaudiology and AI-assisted testing are expanding reach

where specialists are scarce. About 22 million U.S. workers face hazardous noise each year, and noise-induced hearing loss is permanent once it happens yet fully preventable with monitoring, protection, and regular testing. The tools, the coverage, and the delivery model are all bending toward greater access.

For an organization, the practical need is a hearing program that people actually complete: valid testing brought on-site, documented properly, and followed through where problems are found. Bring the booth to the people, test them consistently, keep the records, and close the loop — and hearing gets protected instead of quietly lost. Hearing care that actually reaches people: that is the whole job, and the mobile model is built to deliver it.

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ABOUT THE FOUNDER

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Devin Lockett is the founder and entrepreneur behind this title and the wider BiomedRx family of companies-spanning healthcare technology, wellness, media, and community initiatives. He builds brands focused on quality, service, and independent ownership.