

Odour log sheet

This form provides odour records collected at complainant's premises by the complainant.

Details of complainant¹

Title & Full Name: _____

Residential Address: _____

Postal Address: _____

Phone/fax contact details:

Home _____

Fax _____

Work _____

Mobile _____

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EPA Office Use Only

Job No.: Telephone: (07)

File No.: Facsimile: (07)

Officer Name:

Office Location:

.....

Odour log sheet

Day & Date	Time Frame at Home & Awake ²	Time Frame Odour Detectable ³	Odour			Wind		Cloud Cover ⁹	Comment ¹⁰
			Intensity ⁴	Source ⁵	Description ⁶	Direction ⁷	Strength ⁸		

Declaration

I hereby certify that to the best of my knowledge the above information is correct and I understand that the information may be used by the Environmental Protection Agency as evidence if required.

Signature **Date**

HOW TO COMPLETE YOUR ODOUR LOG SHEET

COMPLETE ALL COLUMNS (NUMBERS 2 THROUGH TO 10) WHEN AN ODOUR IS DETECTED. ON DAYS WHEN NO ODOUR IS DETECTED, PLEASE COMPLETE COLUMNS 2 AND 10 ONLY (i.e. TIME AT HOME IN COLUMN 2 AND “NIL ODOUR” COMMENT IN COLUMN 10).

1. Please endorse your name and address in full on each sheet. Each participating person in the household should complete a separate sheet. Each sheet should be signed.
2. Time frame at home is used to indicate the time frames when, if odour was present, you were in a position to detect this odour. The times indicated should be in a 24 hour time, e.g. 7.00 - 8.30, 17.15 - 22.30. This would indicate you were at home and awake from 7 am - 8:30 am and from 5:15 pm - 10:30 pm.
3. Time frame odour detectable is filled out similarly to item 2 above. Please complete in 24 hour time the duration of the odour detected. e.g. 7.10 - 7.15, 7.55 - 8.20, 17.15 - 17.17. This indicates an odour was detected from 7:10 am - 7:15 am, 7:55 am - 8:20 am and again from 5:15 pm - 5:17 pm.
4. Odour intensity is to be classified as follows:
0 - *Not perceptible*: Odour is not detectable, cannot be perceived by the sense of smell.
1 - *Very Weak*: Odour is just detectable in the outdoor air and activates the sense of smell.
2 - *Weak*: Odour is detectable in the outdoor air, but is not clearly distinguishable, noxious or offensive.
3 - *Distinct*: Odour is present in the outdoor air, easily activates the sense of smell, very distinct and clearly distinguishable.
4 - *Strong*: Odour is present in the outdoor air and would be noxious or offensive and cause a person to attempt to avoid it completely.
5 - *Very Strong*: Strong odour present in the outdoor air, which is so strong it is overpowering and intolerable for any length of time.
6 - *Extremely strong*: Extremely strong odour in the outdoor air, which is immediately intolerable.
5. Odour Source - where you believe the odour to be coming from (use “not identified” if unsure).
6. Odour Description - what the odour smells like to you, give an example or comparison.
7. Wind Direction - if you know what direction the wind is coming from. e.g. N - North, SE - South East, from “X” towards my home.
8. Wind Strength is to be classified as follows:
C - Calm W - Weak M - Medium S - Strong G - Gusty
9. Cloud Cover is to be classified as follows:
CL - Clear O/C - Overcast L/C - Light Cloud H/C - Heavy Cloud R - Rain
10. Comment - Please complete whether an odour is detected or not. If there is no odour detected on that day please indicate this. If an odour was detected please describe how it affected you, and/or what action you took. For example, ‘The odour was nauseating, so I closed the windows’.