

Annex OMP1

Odour report form					Date
Time of test					
Location of test e.g. street name etc					
Weather conditions (dry, rain, fog, snow etc):					
Temperature (very warm, warm, mild, cold, or degrees if known)					
Wind strength (none, light, steady, strong, gusting) Use Beaufort scale if known					
Wind direction (e.g. from NE)					
Intensity (see below)					
Duration (of test)					
Constant or intermittent in this period or persistence					
What does it smell like?					
Receptor sensitivity (see below)					
Is the source evident?					
Any other comments or observations					

Sketch a plan of where the tests were taken, the potential source(s).

Intensity	4 Strong odour	Receptor sensitivity
0 No odour	5 Very strong odour	Low (e.g. footpath, road)
1 Very faint odour	6 Extremely strong odour	Medium (e.g. industrial or commercial workplaces)
2 Faint odour	Ref. German Standard VDI 3882, Part 14	High (e.g. housing, pub/hotel etc)
3 Distinct odour		