

Odour Investigation - Detailed Assessment Form

To be completed after odour is detected on external assessment form, or following a complaint

ODOUR ASSESSMENT REPORT

CAR Ref

Installation Location

Date

Weather

Wind (strength & direction)

Temperature

Bar Pressure (mbar) if known

Ground Condition

General Air Stability (if known)

General Air Quality

Cloud cover

Time Start

Time Finish

Plan attached showing location and extent of odour

Yes / No

(delete as appropriate)

Complaint Received

Yes / No

Date/Time complaint received

Location of Complaint Area

Number of complaints (related to the same source)

Grid reference (where location is not a property)

Time odour noticed and duration

Test Location	Intensity (0-6)	Extent (0-6)	Severity (0-6)	Offensiveness (0-6)	Sources within facility	External sources

0 - None, 1 -Very Faint, 2 - Faint, 3 - Distinct, 4 - Strong, 5 - Very Strong, 6 - Extremely Strong

Additional Comments

Signed

Persons Contacted Regarding Process

Action Required