

Odour monitoring form

Investigation Details	
Location of monitoring	
Date & time investigation carried out	
Weather conditions	
Wind direction and speed	
Odour intensity 0 No odour 1 Very faint odour 2 Faint odour 3 Distinct odour 4 Strong odour 5 Very strong odour 6 Extremely strong odour	
Duration of sniff test	
Constant or intermittent odour?	
What does it smell like?	
Receptor sensitivity (low/medium)	
Is the source evident?	
Investigation findings	
Review and Improve	
Improvements needed to prevent a reoccurrence	
Proposed date for completion of the improvements	
Actual date for completion	
If different insert reason for delay -	
Does the odour management plan need to be updated ?	
Date that the odour management plan was updated ?	
Closure	
Agent review date	
Agent signature to confirm no further action required	