

Odour Complaint Form

Time and date of complaint	Name and address of complainant		
Telephone number of complainant:			
Date of odour:		Time of odour:	
Location of odour, if not detected at above address:			
Weather Conditions:			
Temperature:			
Wind Direction:		Wind Strength:	
<p>Complainant's description of odour:</p> <p>-what does it smell like?</p> <p>-Intensity¹</p> <p>-Duration</p> <p>-Constant or intermittent?</p> <p>-Any other comments regarding odour?</p>			
Are there any other complaints relating to the installation, or regarding the location? (either previously or relating to this complaint?)			
Any other relevant information?			
Identified odour source (on-site, off-site, 3rd party activities?)			
Site activities/operating conditions at time of odour occurrence:			
Action taken:			
Form completed by:	Date:	Signed:	

Intensity¹ (Detectability)

- 1 = No detectable odour
- 2 = Faint odour (barely detectable, need to stand still and inhale facing into the wind)
- 3 = Moderate odour (odour easily detected while walking and breathing normally)
- 4 = Strong odour
- 5 = Very strong odour (possibly causing nausea depending on the type of odour)