

Odour Complaint Report 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 at above address:	
Weather conditions (i.e., dry, rain, fog, snow):	
Temperature (very warm, warm, mild, cold or degrees if known):	
Wind strength (none, light, steady, strong, gusting):	
Wind direction (eg from NE):	
Complainant's description of odour:	
<input type="checkbox"/> What does it smell like?	
<input type="checkbox"/> Intensity (see below):	
<input type="checkbox"/> Duration (time):	
<input type="checkbox"/> Constant or intermittent in this period:	
<input type="checkbox"/> Does the complainant have any other comments about the odour?	
Are there any other complaints relating to the installation, or to that location? (either previously or relating to the same exposure):	
Any other relevant information:	
Do you accept that odour likely to be from your activities?	
What was happening on site at the time the odour occurred?	
Operating conditions at time the odour occurred (eg flow rate, pressure at inlet and pressure at outlet):	
Actions taken:	
Form completed by:	Date Signed

Intensity

- | | | |
|--------------------|------------------|--------------------------|
| 0 No odour | 3 Distinct odour | 5 Very strong odour |
| 1 Very faint odour | 4 Strong odour | 6 Extremely strong odour |
| 2 Faint odour | | |