

## Odour Diary Sheet

In order to assist officers of this department in investigating your complaint you are asked to keep a record of the odour problem that is troubling you. Please keep a note below daily and on a separate sheet if necessary of the date when this occurs, the time it starts and finishes severity of the incident and any other comments.

Your Details:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel No: \_\_\_\_\_

Alleged Source of the problem:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel No: \_\_\_\_\_

Date:	Time - Start/Finish	Intensity*	Offensiveness**	Wind Direction	Weather Conditions	How it affects you:

**\*Intensity Scale**

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

**\*\*Offensiveness Score**

- +4 Very pleasant
- +3 Pleasant
- +2 Moderately pleasant
- +1 Mildly pleasant
- 0 Neutral odour / no odour
- 1 Mildly unpleasant
- 2 Moderately unpleasant
- 3 Unpleasant
- 4 Very unpleasant

This Statement is true to the best of my knowledge and belief. I understand that this evidence may be provided to the defendant/perpetrator and that if the matter goes to court, I may be required to attend court to give evidence.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

