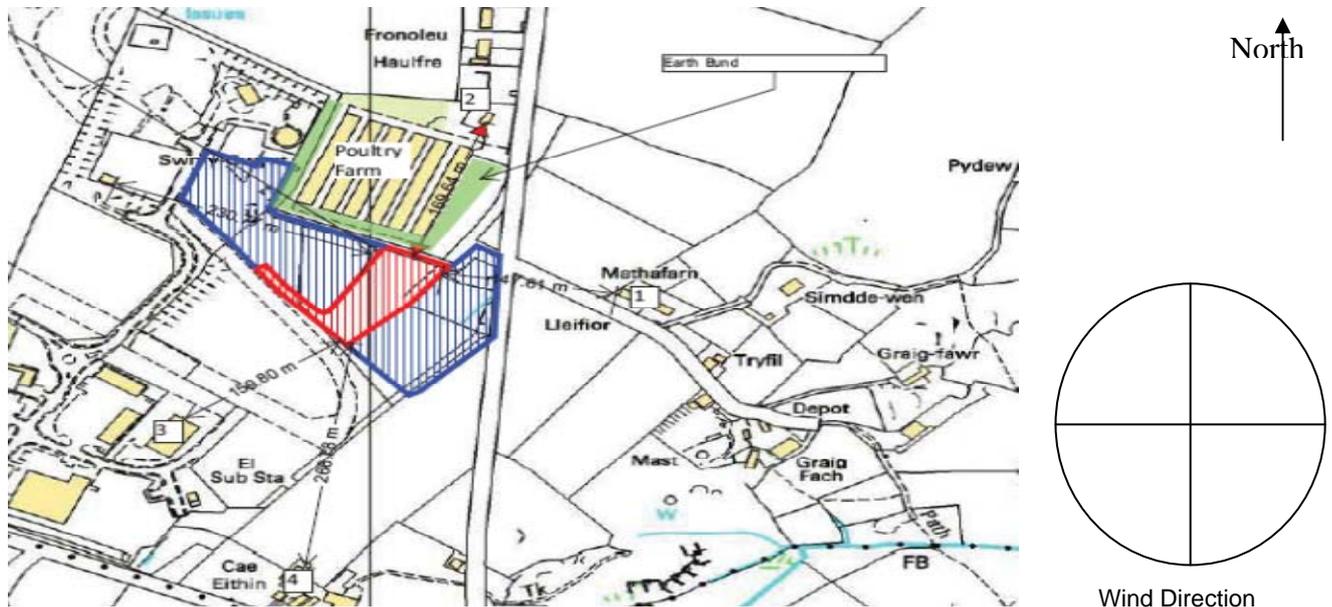


# OLFACTORY SURVEY ASSESSMENT REPORT (GBM/OAR/1)

Odour and Dust report form					Date	
Time of test						
Location of test e.g. street name point 1 below etc						
Weather conditions (dry, rain, fog, snow etc):						
Temperature (very warm, warm, mild, cold, or degrees if known)						
Wind strength (none, light, steady, strong, gusting)						
Wind direction (e.g. from NE)						
Intensity (see below)						
Duration (of test)						
Constant or intermittent in this period						
What does it smell like?						
Location sensitivity (see below)						
Is the source evident?						
Visual dust assessment Dust Present Y/N						
Any other comments or observations						

**Sketch a plan of where the tests were taken, the potential source(s).**



<p><b>Intensity (Detectability)</b></p> <ul style="list-style-type: none"> <li>1 No detectable odour</li> <li>2 Faint odour (barely detectable, need to stand still and inhale facing into the wind)</li> <li>3 Moderate odour (odour easily detected while walking &amp; breathing normally)</li> <li>4 Strong odour</li> <li>5 Very strong odour (possibly causing nausea depending on the type of odour)</li> </ul>	<p><b>Location sensitivity where odour detected</b></p> <ul style="list-style-type: none"> <li>0 not detectable</li> <li>1 Remote (no housing, commercial/industrial premises or public area within 500m)</li> <li>2 Low sensitivity (no housing, etc. within 100m of area affected by odour)</li> <li>3 Moderate sensitivity (housing, etc. within 100m of area affected by odour)</li> <li>4 High sensitivity (housing, etc. within area affected by odour)</li> <li>5 Extra sensitive (complaints arising from residents within area affected by odour)</li> </ul>
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<b>Odour/Dust Diary</b>		Sheet No
Name:	Address:	
Telephone Number:		

Date of odour/dust:				
Time of odour/dust:				
Location of odour, if not at above address:				
Weather conditions (dry, rain, fog, snow etc):				
Temperature (very warm, warm, mild, cold or degrees if known):				
Wind strength (none, light, steady, strong, gusting):				
Wind direction (eg from NE):				
What does it smell like? How unpleasant is it? Do you consider this smell offensive?				
Intensity – How strong was it? (see below 1-5):				
How long did go on for? (time):				
Was it constant or intermittent in this period:				
What do believe the source/cause to be?				
Any actions taken or other comments:				

**Intensity (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 & breathing normally)
- 4 Strong odour
- 5 Very strong odour (possibly causing nausea depending on the type of odour)

**GRAYS BIOGAS LTD**  
**Odour Complaints Report Form (3407/819/GBM)**

Date Recorded	Reference Number
Name and address of caller	
Location of caller in relation to site	
Telephone number of caller	
Time and Date of call	
Date, time and duration of offending odour	
Caller's description of odour eg. comparison with other odours, strong/weak, continuous, fluctuating  Any other comments about the offending odour	
Weather at the time of complaint (rain, snow, fog, etc.)	
Wind (strength, direction)	
Any other previous complaints relating to this report	
Any other relevant information	
Potential odour sources that could give rise to the complaint	
The operations being carried out on site at the time of the complaint eg delivery of waste,	
<b>Follow Up</b>	
Actions taken	
Date of call back to complainant	
Summary of call back conversation	
<b>Recommendations</b>	
Change in procedures	
Changes to Odour Management Plan	
Date changes implemented	
Form completed by: <b>Signed</b>	Signed by: _____ Print Name:.....

**GRAYS BIOMAS LTD  
MONA AD FACILITY  
Dust Complaints Report Form (3407/819/AEM)**

Date Recorded	Reference Number
Name and address of caller	
Location of caller in relation to site	
Telephone number of caller	
Time and Date of call	
Date, time and duration of dust emissions	
Caller's description of dust eg. Colour, particule size, any odour if so description  Any other comments about the dust	
Weather at the time of complaint (rain, snow, fog, etc.)	
Wind (strength, direction)	
Any other previous complaints relating to this report	
Any other relevant information	
Potential dust sources that could give rise to the complaint	
The operations being carried out on site at the time of the complaint eg delivery of waste,	
<b>Follow Up</b>	
Actions taken	
Date of call back to complainant  Summary of call back conversation	
<b>Recommendations</b>	
Change in procedures	
Changes to Dust Management Plan	
Date changes implemented	
Form completed by: <b>Signed</b>	Signed by: _____ Print Name:.....