

Odour Diary Unit 41

John BUNGAY

Sheet No

Date: 19/09/2016

Name of person doing checks:  
Time arrived at points:

Location of odour; if not at above address:

Time spent at location:  
(1-5 minutes)

Weather conditions (dry, rain, fog, snow etc.):

Temperature (very warm, warm, mild, cold or degrees if know):

Wind strength (none, light steady, strong, gusting):

Wind direction (e.g. from NE):

What does it smell like? How unpleasant is it? Do you consider this smell as 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:

14-50	15-20	15-15	15-00	15-05	15-50	15-40	15-45
1	2	3	4	5	6	7	8
2	2	2	1	1	1	1	2
DRY	DRY	DRY	DRY	DRY	DRY	DRY	DRY
16.3	16.3	16.	16	16	16	16	16
STEADY	STEADY	STEADY	STEADY	STEADY	STEADY	STEADY	STEADY
N	N	N	N	N	N	N	N
NONE	SEWAGE	NONE	SLIGHT	NONE	NONE	NONE	NONE
0	3	0	2	0	0	0	0
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	SEA WATER	-	DELIVERED WATER	-	-	-	-
-	-	-	PROCESSED AS DOWN AS	-	-	-	-
-	-	-	POSSIBLE	-	-	-	-

**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

**Time**

- 1 - 1 minute
- 2 - 2 minutes
- 3 - 3 minutes
- 4 - 4 minutes
- 5 - 5 minutes