Odour Monitoring Form 2014.

Name:

Address:

Date:

Weather conditions:

Location Odour detected:

Time odour first detected:

Description of odour (please if possible give reference to a comparable odour e.g. coffee, chocolate, male/female deodorant):

Intensity of odour:

|  |  |
| --- | --- |
| **Score** | **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 |

Odour intensity characteristics – Is the odour a consistent strength or does it vary? Time odour no longer detected:

Manner in which the odour affected you in your property:

Comments:

Signed:

Date:

Please note that the information entered on this monitoring form may be called upon as legal evidence in a Court proceeding; in which case you may be called upon to act as a witness to the information provided.

Please email this form to odours@tmbc.gov.uk on completion.