Odour Diary

Odour Diary					
Name Telephone number	Address				Sheet Number
Date of odour					
Time of odour					
Location of odour if not at above address (inside/outside)					
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)					
Describe the Odour (rotten eggs, musty, earthy, fishy, urine, sweet, vinegar)					
Intensity: How strong was it? See below 0-6					
How long did it last for (time)?					
Was it constant or intermittent in this period?					
Comments					

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