ODOR COMPLAINT LOG FORM FOR LANDFILL ODORS

General Information
Date of Odor Complaint:
Name of the Person:
Address of Odor Complaint:
Time of Odor Complaint:
Time AM/PM:
Day of the Week:

Description of Odor
What Time was Odor First Detected?
What Time was Odor Last Detected?
Duration of Odor (minutes or hours):
Location: Indoors/Outdoors:
Strength (1-5, with 1 being very light and 5 being very strong):
Character (Type):

Meteorological Conditions at Time of Odor Observation
Temperature (°F): Wind speed (MPH):
Wind Direction: Sky Conditions:
Precipitation Accumulation (Inches): Pressure (Inches):
Humidity (%):

Possible Source of Odor (Check the box that applies):
Waste receiving and processing Drilling Gas Wells Cover
Scrapering Daily or Intermediate Cover Digging Trenches
Landfill in Proximity to Odor Observation “Other”

VERIFIED: YES / NO Signature:

Figure 77. Recommended Odor Complaint Log