Odour Diary

Reporter name(s):	Date
Time of test	
Location of test (Street name do not include details like house name or number)	
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 out of a score of 6 (see below e.g. 0/6, 2/6, 4/6 etc)	
Duration of test (e.g. 5 mins)	
Constant or intermittent?	
Frequency of detection during monitoring period e.g.	
never, once, every 30 seconds, every 60 seconds etc What does it smell like? How offensive do you find it?	
what does it shiell like? How offensive do you find it?	
Sensitivity of location (see table below)	
Any other comments or observations	

Please use the table below to assist with the assessment of odour intensity and to determine the location sensitivity.

Intensity	Location sensitivity (where odour detected)
0 No odour	Low (e.g. footpath, road)
1 Very faint odour	Medium (e.g. industrial or commercial workplaces)
2 Faint odour	High (e.g. housing, pub/hotel etc)
3 Distinct odour	
4 Strong odour	
5 Very strong odour	
6 Extremely strong odour (likely to induce vomiting due to strength)	
Ref: German Standard VDI 3882, Part 14	