

Odour reporting form (sniff testing)

You may need to carry out an assessment either to work out whether you are complying with your permit, or as a part of an investigation into a complaint.

You can use routine assessments to build up a picture of the impact the odour has on the surrounding environment over time. You can develop 'worst case' scenarios by doing assessments during adverse weather conditions or during particularly odorous cycles of an operation. Ideally, you should use the same methodology to follow up complaints.

Please note:

- Staff normally exposed to the odours may not be able to detect or reasonably judge the intensity of odours off-site. You might be better off using office staff or people who have not recently been working on the site to do this.
- Don't use anyone who has a cold, sinusitis or a sore throat, because these can affect the sense of smell.
- To improve (or to check) data quality, you can get two people to do the test independently at the same time.
- Those doing the assessment should avoid strong food or drinks, including coffee, for at least half an hour beforehand. They should also avoid strongly scented toiletries and deodorisers in the vehicle used during the assessment.

Where you test will depend on:

- whether you are responding to a complaint;
- whether you are checking your state of compliance at sensitive receptors;
- whether you are trying to establish the source of an odour;
- wind direction.

The assessment may involve someone walking along a route that you have selected either because of these factors, or in response to the conditions they found when they got there. Another option is to choose fixed points so that you can evaluate the changing situation over several weeks or months. Or the test points may vary from test to test according to local conditions, which would help you identify worst case conditions.

You should also keep a note of any external activities (such as agricultural practices) that could be either be the source of the odour, contribute to the odour, or be a confounding factor. Remember that an odour may become diluted or even change over a distance.

You should also take the factors given in the H4 Guidance (Section 7.2 on monitoring ambient air) into account.

Odour report form					Date
Time of test					
Location of test e.g. street name etc					
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 (see below)					
Duration (of test)					
Constant or intermittent in this period					
What does it smell like?					
Location sensitivity (see below)					
Is the source evident?					
Any other comments or observations					

Sketch a plan of where the tests were taken, the potential source(s).



<p>Intensity (Detectability)</p> <p>1 No detectable odour</p> <p>2 Faint odour (barely detectable, need to stand still and inhale facing into the wind)</p> <p>3 Moderate odour (odour easily detected while walking & breathing normally)</p> <p>4 Strong odour</p> <p>5 Very strong odour (possibly causing nausea depending on the type of odour)</p>	<p>Location sensitivity where odour detected</p> <p>0 not detectable</p> <p>1 Remote (no housing, commercial/industrial premises or public area within 500m)</p> <p>2 Low sensitivity (no housing, etc. within 100m of area affected by odour)</p> <p>3 Moderate sensitivity (housing, etc. within 100m of area affected by odour)</p> <p>4 High sensitivity (housing, etc. within area affected by odour)</p> <p>5 Extra sensitive (complaints arising from residents within area affected by odour)</p>
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Odour Complaint Report Form

Time and date of complaint:	Name and address of complainant:
Telephone number of complainant:	

Date of odour:	
Time of odour:	
Location of odour, if not at above address:	
Weather conditions (i.e., dry, rain, fog, snow):	
Temperature (very warm, warm, mild, cold or degrees if known):	
Wind strength (none, light, steady, strong, gusting):	
Wind direction (eg from NE):	
Complainant's description of odour:	
<input type="radio"/> What does it smell like?	
<input type="radio"/> Intensity (see below):	
<input type="radio"/> Duration (time):	
<input type="radio"/> Constant or intermittent in this period:	
<input type="radio"/> Does the complainant have any other comments about the odour?	
Are there any other complaints relating to the installation, or to that location? (either previously or relating to the same exposure):	
Any other relevant information:	
Do you accept that odour likely to be from your activities?	
What was happening on site at the time the odour occurred?	
Operating conditions at time the odour occurred (eg flow rate, pressure at inlet and pressure at outlet):	
Actions taken:	
Form completed by:	Date Signed

Intensity (Detectability)

- 1 No detectable odour
- 2 Faint odour (barely detectable, need to stand still and inhale facing into the wind)
- 3 Moderate odour (odour easily detected while walking & breathing normally)
- 4 Strong odour
- 5 Very strong odour (possibly causing nausea depending on the type of odour)

Odour Diary		Sheet No
Name:	Address:	
Telephone Number:		

Date of odour:							
Time of odour:							
Location of odour, if not at above address:							
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 (eg from NE):							
What does it smell like? How unpleasant is it? Do you consider this smell 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:							

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