

ODOUR NUISANCE INCIDENT RECORD SHEET



Your Name(s):		Address Of Property Where The Problem Comes From:	
Your Address:			

Please read the following important notes before completing this record sheet:

1. The person who completes each entry is asked to sign (in the final column) that it is a true and accurate record. NB. These records may be used in legal proceedings, in which case each person completing the record sheet could be asked to provide a witness statement to certify that the entries are a true and accurate record and were completed in accordance with our instructions.
2. Each entry must be completed at the time of the event. Please take the time to complete all columns and write as clearly and legibly as possible.
3. Do not complete entries relating to premises other than that specified above and do not record minor or trivial events which are not part of the complaint.

Day of Week & Date	Times Odour Noticed (start & finish)	Is the Odour Continuous or Intermittent?	Relative Strength (e.g. v. faint, faint, quite strong, strong, v. strong)	Describe How The Problem Affects You (& General Comments)	Signature (See Note 1 Above)

Day of Week & Date	Times Odour Noticed (start & finish)	Continuous or Intermittent?	Relative Strength (e.g. v. faint, faint, quite strong, strong, v. strong)	Describe How The Problem Affects You (& General Comments)	Signature (See Note 1 Above)

Please return this record sheet to: Environmental Protection Team, Housing & Environmental Health Service, Test Valley Borough Council, Beech Hurst, Weyhill Road, Andover, Hampshire SP10 3AJ (Tel. 01264 368000; envhealth@testvalley.gov.uk; www.testvalley.gov.uk).