Thank you for assisting us to better understanding your odour event. Timely and factual data is incredibly important to critically analyse the odour event being experienced.

Please fill out the below information for an odour event:

Date: \_\_\_\_\_\_\_\_\_\_\_ Time Start: \_\_\_\_\_\_\_\_ Time Stop: \_\_\_\_\_\_\_\_\_ Duration: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send form to: [admin@mrc.wa.gov.au](mailto:admin@mrc.wa.gov.au)

Please tick the boxes below that best describes your experience.

|  |  |  |  |
| --- | --- | --- | --- |
| Breeze Experienced at time of Odour | | | |
| Scale | metres/sec\* | Description | ✔ |
| 0 | 0.0-0.2 | Calm |  |
| 1 | 0.3-1.5 | Light Air |  |
| 2 | 1.6-3.3 | Light Breeze |  |
| 3 | 3.4-5.4 | Gentle Breeze |  |
| 4 | 5.5-7.9 | Moderate Breeze |  |
| 5 | 8.0-10.7 | Fresh Breeze |  |
| 6 | 10.8-13.8 | Strong Breeze |  |
| 7 | 13.8 | Near Gale |  |

\*NSW-Guide to conduction field odour surveys

|  |  |  |
| --- | --- | --- |
| Odour Strength Experienced | | |
| Scale | Description | ✔ |
| 0 | No Odour |  |
| 1 | Very weak |  |
| 2 | Weak |  |
| 3 | Distinct |  |
| 4 | Strong |  |
| 5 | Very Strong |  |
| 6 | Extremely strong |  |

Temperature: \_\_\_\_\_\_\_\_\_\_

Wind Direction: \_\_\_\_\_\_\_\_

Rainfall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe what the odour smells like:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other comments that may assist our investigations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note:*** *Once we have received your lodgement your email address will be added to the emailing list for Odour Management Key Stakeholders – Working Group Minutes*