



ODOR REPORT FORM

1. **Complainant's Name** _____ Telephone # _____

Address _____ Email Address _____

2. What was your **location** when you smelled the odor? _____

Date _____ Time _____ a.m. p.m. Duration _____ hours _____ minutes

3. **Intensity Scale**

1	2	3	4	5	6	7	8	Select One
Very Faint		Light		Moderate			Strong	

4. **Odor Description**

Describe odor _____

How often does the odor occur? _____

Does odor occur at certain times of the day? _____

What days of the week does the odor occur? _____

5. **Weather Conditions** – Check appropriate boxes

Sunny Overcast

Calm Light Breeze (1-5 mph) Moderate Wind (5-15 mph) Strong Wind (15+ mph)

Please provide wind direction below if you checked Light or Moderate Wind

Humid Temperature _____ F

Wind Direction is blowing from:

North	Northeast	East	Southwest
South	Southeast	West	Northwest

**Please Return Completed Form To: wrf@olwsd.org or
14611 SE River Road, Oak Grove, OR 97267**