

## Odor Complaint Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time of Day: \_\_\_\_\_

Reference Level: \_\_\_\_\_

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

\*Please enter value from table below.

\*Building, floor #, location on floor.

List any other conditions that you experience (for instance, steam plume, etc.)

Other:

Reference Level	Odor Intensity Referencing Categories		
	Strength	Annoyance	Description
1	Very Faint	Not Annoying	An odor that would ordinarily not be noticed by the average person, but could be detected by the experienced inspector or a hypersensitive individual.
2	Faint	A Little Annoying	An odor so weak that the average person might detect it if attention was called to it, but would not otherwise attract attention.
3	Noticeable	Annoying	An odor of moderate intensity that would be readily detected and might be regarded with disfavor.
4	Strong	Very Annoying	An odor that would force itself upon the attention of the average person and that might make the air very unpleasant.
5	Very Strong	Extremely Annoying	An odor of such intensity that the air would be absolutely unfit to breathe.

Once completed, please submit this form electronically to Julie Barrett, UVM, Julie.Barrett@UVM.edu and Julianne Heisler, UVM, at Julianne.Heisler@UVM.edu.

Thank you.