**UNC ENVIRONMENT, HEALTH AND SAFETY OFFICE**

# **CB# 1650**

 **Recurring Odor Complaint**

Building: Occupant Name: Date:

Department: Work Location: Phone #:

**ODOR DESCRIPTION**

Please describe the recurring odor that you are experinecing:

Where do you think the odor is originating?: (check)

 from a nearby area?
 from another place in the building?
 from outside the building?
 from the sanitary sewer?

What do you think are potential sources for the odor?: (check)

 use of chemicals in the building

 vehicle exhaust

 sewer gas
 other, describe:

**spacial PATTERNS**

Where are you when you detect the odor?

Are you aware of other people who detect the odor? Yes \_ No \_\_\_

If so what are their names and locations?

**TIMING PATTERNS**

When did you first notice the odor?

When is it generally the strongest?

Do they go away? If so, when?

Have you noticed any other events (such as weather events, temperature or humidity changes, or activities in the building) that tend to occur around the same time as the odors?

**Do you have other comments?**