

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Environmental Agricultural Program

ODOR COMPLAINT FORM

For Housed Commercial Swine Feeding Operations

February 9, 2007

For use by the Colorado Department of Public Health and Environment and local health departments conducting odor complaint response and investigation services

DATE OF ODOR	_____ Day _____ Month _____ Year		
TIME COMPLAINT REPORTED			
START TIME OF ODOR	_____ AM / PM	END TIME	_____ AM / PM
WIND SPEED	_____ MPH	WIND DIRECTION	
WEATHER CONDITIONS	Temperature: _____ Description of sky (cloud cover, sun intensity): _____ Precipitation (heavy, light): _____		
DURATION OF ODOR	_____ MINUTES _____ HOURS		
POSSIBLE SOURCE(S)	Please include type and name of operation with alleged odors if known. _____ _____		
DESCRIPTION OF ODOR	Please describe the nature of the odor observed. _____ _____		
FACILITY NOTIFIED	<input type="checkbox"/> Yes Date notified: _____ <input type="checkbox"/> No		

COMMENTS:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Environmental Agricultural Program

ODOR INVESTIGATION FORM

For Housed Commercial Swine Feeding Operations (HCSFOs)

For use by the Colorado Department of Public Health and Environment and local health departments conducting odor complaint response and investigation services

INVESTIGATOR NAME		AFFILIATION	
LOCATION(S) OF ODOR READING	GPS position and at or near the location of the complainant, if possible.		
DATE OF ODOR	_____ Day _____ Month _____ Year		
START TIME(S)	_____ AM / PM _____ AM / PM	END TIME(S)	_____ AM / PM _____ AM / PM
WIND SPEED(S)	____ MPH ____ MPH	WIND DIRECTION(S)	
WEATHER CONDITIONS	Temperature: _____ F Humidity: _____ Sky cover (cloud cover, sun intensity): _____ Precipitation (heavy, light): _____		
TERRAIN DESCRIPTION	Including, natural and man-made features that could influence the flow of air.		
EQUIPMENT OR METHOD USED TO CONDUCT READING	Scentometer Olfactometer Electronic nose Other: _____		
ODOR READING(S)	_____ To _____ To _____ To _____ To Other: _____		
DURATION OF ODOR	_____ Minutes _____ Hours		
DESCRIPTION OF ODOR	Determine and document the type and extent of the odor plume; document on a map of the vicinity the odor survey route, the time the investigator was at each location, and the odor observations at each location. This survey should at least include upwind and downwind observations.		
USE OF PROPERTY IMPACTED BY ODOR	Normal use of the property impacted and how odor could reasonably be expected to interfere with the use.		
POSSIBLE SOURCE(S)	Please include type and name of the operation with alleged odors if known.		
SPECIFIC CAUSE OF ODOR	The specific compound, equipment, or process emitting the odor, and the reason(s) (upset).		
INFORMATION FROM COMPLAINANT	Information provided by the complainant or the source relative to these factors and whether complainant completed odor complaint forms.		
INTERVIEW(S) OF OTHER CITIZENS	Summary of interview.		
PREVIOUS ODORS	Document a comparison of the current observations with the prior observations.		