FILL OUT THE LOG DAILY FOR 2 WEEKS EVEN IF THERE ARE NO ODORS.

DATE	TIME START	TIME END	LOCATION (Where was it detected? Please be specific)	ODOR TYPE (Describe)	ODOR SEVERITY (Light, moderate, severe)	EFFECT ON NORMAL ACTIVITIES	WEATHER CONDITIONS Wind: calm, windy Precipitation: rain, snow, fog Clouds: cloudy, sunny Temperature:	Comments (Visual or other observations)