

AIR POLLUTION LOG

NAME _____ PHONE (DAYTIME) _____

EMAIL _____ COUNTY _____

STREET ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

INCIDENT

SHORT DESCRIPTION OF PROBLEM _____

DATE _____ YOUR LOCATION _____

TIME STARTED _____ TIME ENDED _____

WIND DIRECTION _____ ESTIMATED WIND SPEED _____

DETAILS (CIRCLE ONE OR MORE AND DESCRIBE)

I SEE: HAZE SMOKE BLACK CLOUD FIRE EXPLOSION DUST/PARTICULATES OTHER

DESCRIBE _____

I SMELL: BURNING SOOTY SMELL ROTTEN EGGS AMMONIA CREOSOTE ACRID

PETROLEUM HEAVY OIL SHARP TURPENTINE HEAVY SWEET ACIDIC OTHER

DESCRIBE _____

I EXPERIENCE: THROAT BURNS HEADACHE TIGHTNESS IN CHEST EYES BURN

ASTHMA SYMPTOMS NOSE BLEED COUGH SEVERE COUGH MUCOUS/RUNNY NOSE

LOSS OF SENSE OF SMELL/TASTE NAUSEA OTHER BREATHING PROBLEMS _____

DESCRIBE _____

OTHER ISSUES: (PLEASE DESCRIBE) _____

OTHER OBSERVATIONS

DURATION OF ODOR

START TIME OF ODOR (IF DIFFERENT FROM START OF INCIDENT) _____

ENDTIME OF ODOR (IF DIFFERENT FROM END OF INCIDENT) _____

HAS THE ODOR BEEN CONTINUOUS? YES ___ NO ___

SUSPECTED ODOR SOURCE(S), IF KNOWN _____

IS ODOR MORE INTENSE DURING DIFFERENT TIMES? IF SO, EXPLAIN _____

INTENSITY OF ODOR

BARELY NOTICEABLE

NAUSEATING

1 2 3 4 5 6 7 8 9 10 OTHER _____

WEATHER CONDITIONS

AIR TEMP _____ HUMIDITY _____ PRECIPITATION? (TYPE, INTENSITY) _____

DESCRIPTION (CLOUD COVER, SUN INTENSITY) _____

ACTION & RESPONSE

HAVE YOU CONTACTED FACILITY, IF POSSIBLE? YES _____ NO _____ DATE/TIME _____

PERSON NOTIFIED AT FACILITY _____

OTHER CONTACTS: (NOTE AUTHORITY CONTACTED AND PERSON NOTIFIED)

LOCAL GOVERNMENT _____ DATE/TIME _____

STATE GOVERNMENT _____ DATE/TIME _____

STATE GOVERNMENT _____ DATE/TIME _____

FEDERAL GOVERNMENT _____ DATE/TIME _____

OTHER _____ DATE/TIME _____

RESPONSE(S): _____
