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)