



# Anotec Odour Assessment - Site Questionnaire

CONFIDENTIAL

FAX BACK TO: **02 9700 1771**

## Your Details

|            |                      |               |                      |
|------------|----------------------|---------------|----------------------|
| Last Name  | <input type="text"/> | Company       | <input type="text"/> |
| First Name | <input type="text"/> | Address       | <input type="text"/> |
| Position   | <input type="text"/> | City          | <input type="text"/> |
| Tel:       | <input type="text"/> | State         | <input type="text"/> |
| Fax:       | <input type="text"/> | Post Code     | <input type="text"/> |
| Mob:       | <input type="text"/> | Country       | <input type="text"/> |
| email      | <input type="text"/> | Industry Type | <input type="text"/> |

eg. foundry, landfill, sewage, plastics etc.....give details

**Reason for requesting Odour Assessment**  
 (eg. Council or EPA order, community complaint, preventative measures etc)

## Site & Odour Details

**Perceived Odour Source(s)**  
 (eg stacks, pond etc)

**Distance & Direction of Odour Complaints**  
 (include times most odours reported)

**Seasonal Temperature over 12 mth period (if known)**



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**Current methods of odour control in operation**

**Operating hours of business**

**Your surrounds** (tick appropriate)

Mainly Industrial     Mainly Residential     Mixture of both

**Your comments and added useful information**  
(the more the better!)



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**Sketch a rough diagram of our site or floorplan indicating the perceived odour source and, if applicable, the general location of the area(s) affected within the community**