

**“Sniff ” and/or “Meter Test”
ODORIZATION FORM**

Annual Period _____

Name of Complex: _____

Address: _____

Location: _____ Date: _____

Type of Test: _____ Sniff _____ Meter

Odor Level: _____ Nil
_____ Barely Detectable
_____ Readily Detectable
_____ Strong

List other odors present: _____

Remarks: (Odorometer Reading) _____

Observed By: _____ Witness: _____

Location: _____ Date: _____

Type of Test: _____ Sniff _____ Meter

Odor Level: _____ Nil
_____ Barely Detectable
_____ Readily Detectable
_____ Strong

List other odors present: _____

Remarks: (Odorometer Reading) _____

Observed By: _____ Witness: _____

Location: _____ Date: _____

Type of Test: _____ Sniff _____ Meter

Odor Level: _____ Nil
_____ Barely Detectable
_____ Readily Detectable
_____ Strong

List other odors present: _____

Remarks: (Odorometer Reading) _____

Observed By: _____ Witness: _____

Location: _____ Date: _____

Type of Test: _____ Sniff _____ Meter

Odor Level: _____ Nil
_____ Barely Detectable
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_____ Strong

List other odors present: _____

Remarks: (Odorometer Reading) _____

Observed By: _____ Witness: _____