

COMMUNITY HEALTH SERVICES

Excessive Smoke/Odour

Guidance and Log Sheet

**GUIDANCE ON FILLING IN ODOUR LOG**

It is important that this document is fully completed, as it is necessary in determining whether a

Nuisance under the Public Health and Wellbeing Act 2008 exists. It is possible that the matter may have to be heard in court. You must keep an accurate, detailed record of the odour. If there are any inaccuracies in the record, the court will challenge whether the whole log is valid.

Below is information on how to accurately fill in the log sheet. You will also find a completed log sheet example and log sheets for your use.

**DATE THE ODOUR OCCURS**

Enter the date the odour occurs

**TIME THE ODOUR STARTED AND FINISHED**

Use am or pm OR the 24-hour clock to log the time.

**WHERE YOU SMELT THE ODOUR**

The room/location you were in when affected by the odour.

**ADDRESS WHERE THE ODOUR IS FROM**

It is very important to determine which address the odour is coming from.

**DESCRIPTION OF ODOUR**

Describe the type of odour.

**HOW DOES THE ODOUR AFFECT YOU?**

You must give a description about how the odour is affecting you. Anything that is in your own

words would give an idea of the extent of the problem e.g. “the smell makes me feel nauseous”.

**PERSON RESPONSIBLE FOR THE ODOUR**

If you know the name of the person causing the odour, please write their name.

**SIGNATURE**

You must sign the log sheets confirming the details given are true and accurate.



|  |  |
| --- | --- |
| **Your Name** |  |
| **Address** |  |
| **Phone** | (h) | (w) | (m) |
| **Have you spoken to the resident about the odour/smoke?** | * Yes ❑No
 |
| **Are you prepared to have this matter mediated?** | * Yes ❑No
 |

I, the undersigned, wish to make a complaint in relation to odour/smoke at the above address and state that I am prepared to give evidence under oath before a Court, should proceedings be instigated. I further understand that should it be found that I have given false or misleading information on this document that I may be held accountable before a Court of Law.

Please complete the attached odour log for a minimum period of 14 days. You may attach additional pages if required.

This document is to be completed in full, signed and returned to Maroondah City Council to enable further investigation.

**NAME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **COMPLETED EXAMPLE OF ODOUR LOG** |
| **Maroondah City Council - Log of Smoke/Odour incidents**  |
| **Name:** Jane Smith | **Your Full Address:** 1 Smith Street, Smithtown |
| **Tel:** | **Home: 9222 2222** |  |
| **Work: 3222 2222** |
| **Date odour occurs** | **Time odour** | **Where you are located** | **Address odour is from** | **Describe the odour** | **How does the odour affect your health?** | **Who was responsible** |
| **Started** | **Ended** |
| *Monday 18 April 2016* | *7:00pm* | *11:35pm* | *Front lounge room* | *2 Smith Street, Smithtown* | *What are you smelling?*  | *The smell makes me feel ….* | *Mr. Paul Citizen* |
| *Wednesday 20 April 2016* | *6pm* | *11pm* | *Back living room* | *2 Smith Street, Smithtown* | *What are you smelling?*  | *The smell makes me feel ….* | *Mr. Paul Citizen* |
| *Thursday 21 April 2016* | *8pm* | *1130pm* | *Kitchen & back lounge room* | *2 Smith St, Smithtown* | *What are you smelling?*  | *The smell makes me feel ….* | *Mr. Paul Citizen* |
| *Sunday 24 April 2016* | *2pm* | *10:30pm* | *Throughout the house and backyard* | *2 Smith St, Smithtown* | *What are you smelling?*  | *The smell makes me feel ….* | *Mr. Paul Citizen* |





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| **Maroondah City Council - Log of Smoke/Odour Incidents**  |
| **Name:** | **Your Full Address:**  |
| **Tel:** | **Home:**  |  |
| **Work:**  |
| **Date odour occurs** | **Time odour** | **Where you are located** | **Address odour is from** | **Describe the odour** | **How does the odour affect your health?** | **Who was responsible** |
| **Started** | **Ended** |
|  |  |  |  |  |  |  |  |
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I confirm that the details given above are true and accurate (sign) ….……….………………… Date ……../……../…….

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| **Maroondah City Council - Log of Smoke/Odour incidents (page 2)**  |
| **Name:** | **Your Full Address:**  |
| **Tel:** | **Home:**  |  |
| **Work:**  |
| **Date odour occurs** | **Time odour** | **Where you are located** | **Address odour is from** | **Describe the odour** | **How does the odour affect your health?** | **Who was responsible** |
| **Started** | **Ended** |
|  |  |  |  |  |  |  |  |
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I confirm that the details given above are true and accurate (sign)….……….………………… Date ……../……../…….