

Wood Smoke Complaint Declaration & Diary

Please complete and sign Declaration

Your Name	
Your Address	
Your Telephone Number	
Your Email address (optional)	
How long have you lived at this address?	
Is your complaint related to wood burning or wood smoke?	
Where is the smoke coming from? (Provide address if possible.)	
Is the wood smoke coming from the main residence, a detached garage or other building on the property?	
Have you spoken to anyone at the property about the smoke issue? Who did you speak to? How long ago did the conversation take place? What was said? Did anything change as a result?	
Have you or others living in your home been diagnosed with asthma or other cardiopulmonary disease? (optional)	
Do you operate a wood burning stove, fireplace or other wood burning appliance at your address?	

Legal intervention by Metro Vancouver may ultimately require court action. Are you prepared to attend court and give supporting evidence if required? YES _____ NO _____

I declare that the information provided in this Declaration and Diary is true and correct. Please date and sign each page.

Printed Name: _____ Signature: _____

Date (Day/Month/Year): _____

Completion of Your Metro Vancouver Smoke Diary

- Diary entries should be made whenever you believe you or others at your residence are being **negatively impacted** by wood smoke emissions. Provide as much detail as possible about the incident(s) and their impacts to you and/or your property.
- Meteorological conditions can be helpful; including, wind direction, precipitation and ambient temperature.
- If video or photos of an incident were taken please indicate in the “Describe the incident section” below.
- The period of documentation depends on the frequency of incidents. Two weeks is the recommended minimum period.
- Identify in last column whether a formal complaint was also registered to our complaint line or on-line form during a particular incident.
- Please send completed Declarations & Diaries as scanned PDFs by email to: regulationenforcement@metrovancover.org. Videos and photos can also be sent by email with the subject “Wood Smoke Diary”. Declarations & Diaries can also be mailed to: Regulation & Enforcement, Metro Vancouver, 4330 Kingsway, Burnaby BC V5H 4G8.

SMOKE DIARY ENTRY EXAMPLES

Date (DD-MM-YYYY)	Time (24 Hour Clock)		Was there visible smoke from suspect property at time of incident?	Describe the incident including weather conditions (provide confirmation of any video or photo evidence in this section)	How were you or others at your home affected?	Reported To MV (Y/N)
	Start	Stop				
17-Oct-2014	0400	0510	No	Woken up by smell of wood smoke in our master bedroom. Wood smoke odour noticeable throughout upper level of house. Indoor smoke detector was triggered. Too dark outside to see smoke from chimney or weather.	Headache and unable to sleep that morning due to presence of wood smoke odour in bedroom. Noticeable wood smoke odour on drapes and furniture for a number of days following incident.	Y
02-Oct-2014	1200	1500	Yes	Working in garden and engulfed in cloud of wood smoke. Soot on patio furniture. Light wind from northeast. Mild. Not raining. Photos taken of smoke from neighbor’s chimney.	Coughing spell and watery eyes prior to being driven indoors. To avoid smoke stayed inside for rest of afternoon.	N

Date (DD-MM-YYYY)	Time (24 Hour Clock) Start Stop		Was there visible smoke from suspect property at time of incident?	Describe the incident including weather conditions (provide confirmation of any video or photo evidence in this section)	How were you or others at your home affected?	Reported to MV

Printed Name: _____

Signature: _____

Date (Day/Month/Year): _____



Date (DD-MM-YYYY)	Time (24 Hour Clock) Start Stop		Was there a visible smoke from suspect property at time of incident?	Describe the incident including weather conditions (provide confirmation of any video or photo evidence in this section)	How were you or others at your home affected?	Reported to MV

Printed Name: _____

Signature: _____

Date (Day/Month/Year): _____