Environmental Regulation & Enforcement
Tel. 604-432-6200 or via Email
regulationenforcement@metrovancouver.org

Odour Complaint Declaration & Diary

Please complete and sign Declaration

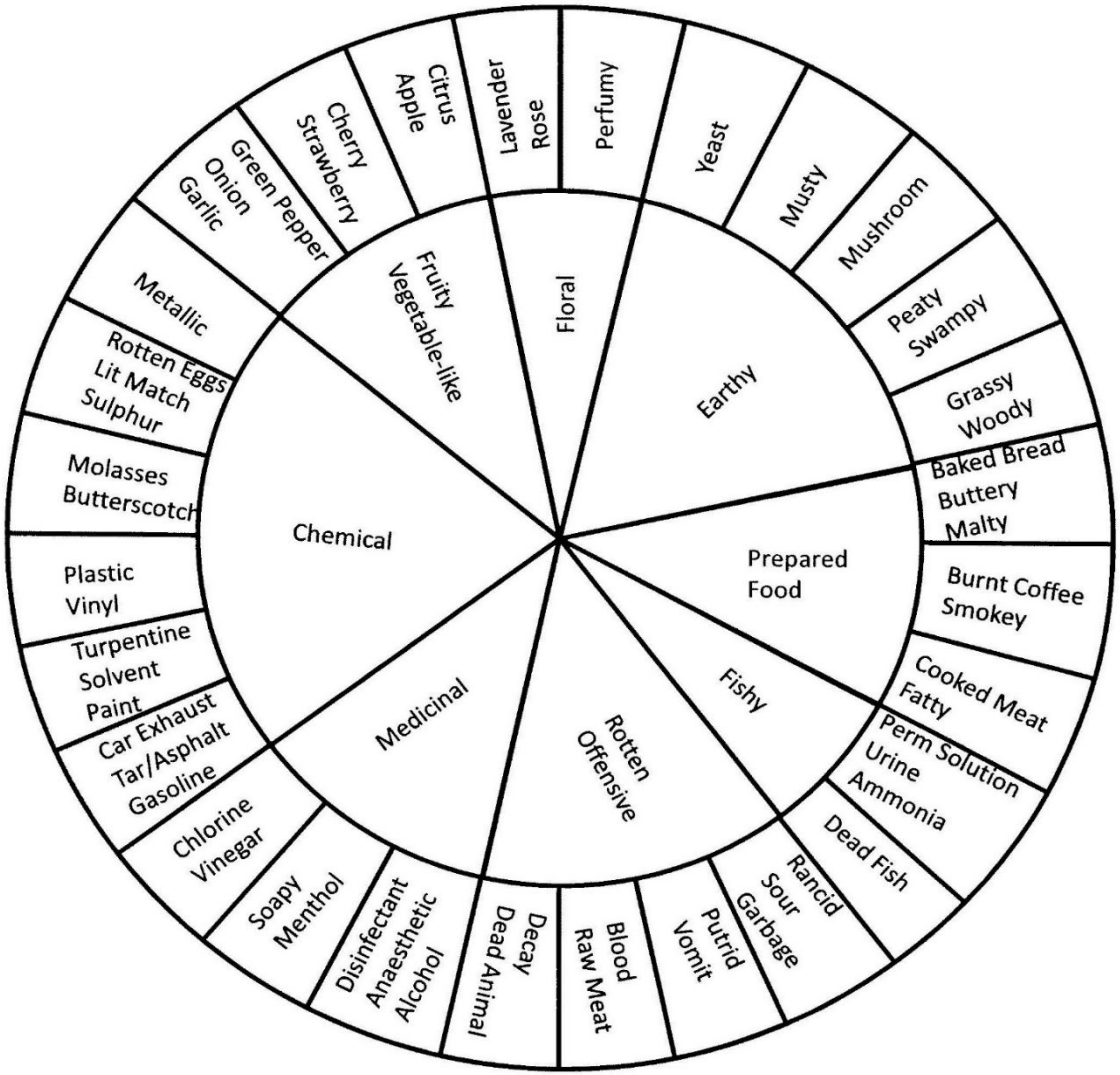
Your Name	
Your Street Address	
Your Telephone Number	
Your Email Address	
How long have you lived at this street address?	
Please describe the odour. (The graphic on the following page can assist in describing what you smell.)	
In your opinion, what is the source of the odour?	
How does this odour impact you personally?	
Is this odour affecting your business? (if yes, please describe)	

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): _____


Chemical
Fruity Vegetable-like
Floral
Earthy
Prepared Food
Fishy
Rotten Offensive
Medicinal
Metallic
Rotten Eggs
Lit Match
Sulphur
Molasses
Butterscotch
Plastic
Vinyl
Turpentine
Solvent
Paint
Car Exhaust
Tar/Asphalt
Gasoline
Chlorine
Vinegar
Green Pepper
Onion
Garlic
Cherry
Strawberry
Citrus
Apple
Lavender
Rose
Perfumy
Yeast
Musty
Mushroom
Peaty
Swampy
Grassy
Woody
Baked Bread
Buttery
Malty
Burnt Coffee
Smokey
Cooked Meat
Fatty
Perm Solution
Urine
Ammonia
Dead Fish
Rancid
Sour
Garbage
Putrid
Vomit
Blood
Raw Meat
Decay
Dead Animal
Disinfectant
Anaesthetic
Alcohol
Soapy
Menthol

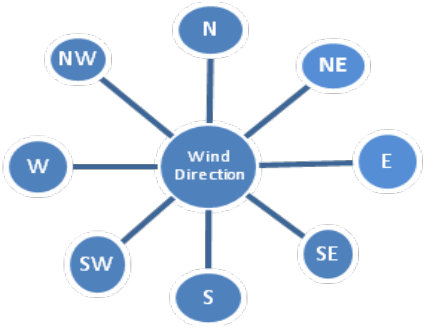
Completion of Your Metro Vancouver Odour Diary

- Diary entries should be made whenever you believe you or others at your residence are being ***negatively impacted*** by odorous emissions. Provide as much detail as possible about the incident(s) and their impacts to you and/or your business.
- Meteorological conditions can be helpful; including, wind direction, approximate wind speed and precipitation.
- 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 PDFs by email to: regulationenforcement@metrovancouver.org. Declarations & Diaries can also be mailed to: Regulation & Enforcement, Metro Vancouver, 4515 Central Boulevard, Burnaby BC V5H 0C6.

Wind Speed Categories:

☐ Calm (0 – 2 km/h) ☐ Light Breeze (3 – 11 km/h) ☐ Breeze (12 – 28 km/h) ☐ Strong Breeze (29^{+} km/h)

Wind Directions From:



ODOUR DIARY ENTRY EXAMPLES

Date (DD-MMM-YYYY)	Odour start time (24 hour clock)	Odour duration (hours)	Odour intermittent? (Y/N)	Character			Odour Intensity				Does the odour description match declaration? (If no, please describe)	How were you or others at your home or business affected?	Weather Conditions			Complaint submitted to MV (Y/N)
				Unpleasant	Offensive	Highly Offensive	Weak (Have to sniff to smell)	Distinct (Can smell when breathing normally)	Strong	Very Strong			Wind Direction from	Wind Speed Category	Precipitation (Y/N)	
12-Feb-2019	*0800*	*0.5*	*N*		*x*				*x*		*Y*	*Coughing and watery eyes*	*SE*	*Strong*	*N*	*N*
13-Feb-2019	*1800*	*2*	*Y*		*x*			*x*			*N, smells like dog food today*	*Throat irritation, odour entered home had to close windows*	*SE*	*Breeze*	*N*	*N*

Printed Name: _Roberta Bondar_____ Signature: _____

Date (Day/Month/Year): __31/10/2019_____ Page _2_ of _2_

Date (DD-MMM-YYYY)	Odour start time (24 hour clock)	Odour duration (hours)	Odour intermittent? (Y/N)	Character			Odour Intensity				Does the odour description match declaration? (If no, please describe)	How were you or others at your home or business affected?	Weather Conditions			Complaint submitted to MV (Y/N)
				Unpleasant	Offensive	Highly Offensive	Weak (difficult to smell)	Distinct (easy to smell)	Strong	Very Strong			Wind Direction from	Wind Speed Category	Precipitation (Y/N)	

Printed Name: _____ Signature: _____

Date (Day/Month/Year): _____ Page ___ of ____

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Printed Name: _____ Signature: _____

Date (Day/Month/Year): _____ Page ___ of ____

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Printed Name: _____ Signature: _____

Date (Day/Month/Year): _____ Page ___ of ____