"Sniff" and/or "Meter Test" ODORIZATION FORM

		Annual Period	
Name of Comple	ex:		
Address:			
Location:		Date:	
Type of Test:	Sniff Meter		
Odor Level:		Nil	
		Barely Detectable	
		Readily Detectable	
List other odors p	oresent:		
Remarks: (Odoro	ometer Reading)		
Observed By:		Witness:	
Location:		Date:	
	Sniff Meter		
Odor Level:		Nil	
20,000		Danalu Dataatahla	
		Readily Detectable	
List other odors p	resent:		
Observed By:		Witness:	
Location:		Date:	
	Sniff Meter		
Odor Level:		Nil	
		C4	
List other odors n			
Remarks: (Odoro	ometer Reading)		
		Witness:	
Location:		Data	
Type of Test.	Sniff Meter	Date:	
Odor Level:		Nil	
	·		
		Readily Detectable	
	-	=	
Remarks: (Odoro Observed By:	ometer Keauing)	Witness:	
Observed by:		vv illiess:	