

**“Sniff Test” and/or “Odorometer Test”
ODORIZATION CHECK REPORT**

FORM 11

Annual Period _____

COMPANY: _____

Location: _____

Date: _____

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

List other odors present: _____

Remarks: (Odorometer Reading) _____

Observed By: _____

Location: _____

Date: _____

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

List other odors present: _____

Remarks: (Odorometer Reading) _____

Observed By: _____

Location: _____

Date: _____

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

List other odors present: _____

Remarks: (Odorometer Reading) _____

Observed By: _____

Location: _____

Date: _____

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

List other odors present: _____

Remarks: (Odorometer Reading) _____

Observed By: _____
