Table 2 – Odor Source Investigation and Reporting

Name of Individual Completing Report (Print):	
Job Title of Individual Completing Report:	
Date of Report:	
Site/Perimeter Location where Odor was First Observed:	
Category 2 or 3 Material Received From (e.g., list Company/Business):	
Date Material Was Received:	

Description of Odor:

Actions Taken to Mitigate Odor:

Waste Profile Attached: (Yes) or (No):		
Signature:		**Date:**

Additional Descriptions/Location Sketch/Action Taken: