

US EPA ARCHIVE DOCUMENT



**Atmospheric Information (Optional, but what information is available would be useful.)**

Temperature	Barometric pressure
Humidity	Wind direction (from)
Wind speed	Sky Conditions: cloudy <input type="checkbox"/> partly cloudy <input type="checkbox"/> clear <input type="checkbox"/>

**The Odor**

If present, check the intensity level

Description	Intensity
rotten cabbage	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
rotten eggs or sewage	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
skunk	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
burnt rubber	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
nail polish	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
asphalt	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
bleach (chlorine)	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
diesel	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
ether	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
mold or mildew	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>

Description	Intensity
onion/garlic	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
gasoline	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
fish	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
natural gas	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
vinegar	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
ammonia	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
burnt matches	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
almond	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
petroleum	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>
other	weak <input type="checkbox"/> medium <input type="checkbox"/> strong <input type="checkbox"/>

Where do you think the odor came from? \_\_\_\_\_

**Health Effects**

Check all the apply

nausea	sinus problems
skin irritation	difficulty breathing
burning eyes	asthma
nose and throat irritation	fainting
headache	other

**Other Observations (Check all that apply)**

smoke	flames	haze	dust	other
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Other Observations \_\_\_\_\_