

Callander Coffee Company Odour Complaint Form

Time and Date of Complaint:	
Name and Address of Complainant:	
Telephone Number of Complainant:	
Date of Odour	
Time of Odour	
Location of odour, if not above address	
Temperature (very warm, warm, mild, cold, or degrees if known)	
Wind Direction (east, west, north, south)	
Wind Strength (none, light, steady, strong, gusting)	

Complainant's Description of Odour

What does it smell like?	
Intensity (see scale below)	
Duration (time)	
Constant or intermittent during this period	
Additional comments about the odour	

Additional Questions

Are there any other complaints relating to that location (previously or relating to the same exposure)?	
Any other relevant information	
Do you believe the odour is likely to be from Callander Coffee Company's activities?	
What was happening on site at the time the odour occurred?	
Operating conditions at the time (e.g., roasting batch size, roast level, ventilation status)	
Facility Actions Taken:	
When was the MECP contacted	
MECP Contact Name and Number	
Form Completed By	Signed:
Date	

Intensity Scale

0 No Odour 1 Very Faint Odour 2 Faint Odour 3 Distinct Odour 4 Strong Odour 5 Very Strong Odour