

Customer Correspondence Log
Plant & Maintenance Operations

General																	
Date Received:					Time Received: AM/PM												
Customer Name:					Received By:												
Customer Address:					Phone:												
Details																	
Nature of Correspondence: ☐ Odor ☐ Noise ☐ Sewer Backup ☐ Other																	
Location if different from Customer's address (address, cross streets, landmarks, etc.): <i>"Where were you when you smelled the odor/heard the noise?"</i>																	
Date:		Time: AM/PM		Duration:		hours		minutes									
Odor Intensity Scale		1		2		3		4		5		6		7		8	
		☐		☐		☐		☐		☐		☐		☐		☐	
		Very faint				Light				Moderate				Very Strong			
Odor Description:		☐ Rotting Cabbage		☐ Sour		☐ Manure/Farmyard		☐ Ammonia									
		☐ Sewer/Sewage Like		☐ Earthy/Musty		☐ Sweet Fragrance		☐ Chemical/Solvent									
		☐ Rotten Egg/Sulphur		☐ Bleach/Chlorine		☐ Other _____											
Weather Conditions:		Temperature _____		Wind Speed:		☐ Calm		☐ Moderate Wind (5-15 mph)									
		Wind Direction _____				☐ Light Breeze (1-5 mph)		☐ Strong Wind (15+ mph)									
Comments:																	
Operator Signature:																	

Field Inspection (For Internal Use Only)									
Assigned To:				Date:				Time: AM/PM	
Weather Conditions:		Temperature _____		Wind Speed _____		Wind Direction _____		Humidity _____	
Conditions Found/Remarks (odor/noise description & intensity):									
Possible cause based on your inspection:									
Action taken:									
Date/Time Inspection Began:					Date/Time Inspection Ended:				
Response to Customer									
Was Customer contacted?: ☐ YES ☐ NO				Date:			Time: AM/PM		
Comments:									
Management Signature:									