

Texas Commission on Environmental Quality

CHECKLIST WORKSHEET

AIR FOCUSED INVESTIGATON - ODOR SURVEY

Regulating Entity Name

Date :

Additional I D:

Investigator Name:

Item Number 1	Description	During the pre-investigation, Characterize the odor as one of the following in the Comment area; a. Not Unpleasant; b. Unpleasant; c. Offensive; d. Highly Offensive.		
		Answer	Citations	Notes
Item Number 2	Description	During the investigation, what was the Duration selected? In the Comment area enter one of the following: a. 1-hour Duration or b. 10-minute Duration		
		Answer	Citations	Notes
Item Number 3	Description	Were weather conditions recorded on the log?		
		Answer	Citations	Notes
Item Number 4	Description	Were any symptoms or effects noted and recorded on the log?		
		Answer	Citations	Notes
Item Number 5	Description	During the investigation, what was the Intensity? In the Comment, document: a. None; b. Very Light; c. Light; d. Moderate; e. Strong; f. Very Strong.		
		Answer	Citations	Notes
Item Number 6	Description	Upon ending the investigation Duration, and after confirming an odor is present, what was the Frequency, as established by the gathered evidence? Enter one of the following in the Comment area: a. None; b. Single occurrence; c. Daily; d. Weekly; e. Monthly or f. Quarterly		
		Answer	Citations	Notes
Item Number 7	Description	Were adverse effects confirmed?		
		Answer	Citations	Notes
Item Number 8	Description	Is a more in-depth investigation warranted? If YES, enter one of the following into the Comment area: a. [Applicable Type code, i.e. NSR] conducted during this investigation or b. In-depth investigation will be scheduled at a later date.		
		Answer	Citations	Notes