

Form Completed by (Blower Control Technician):

SECTION A: COMPLAINT DATA - COMPLETED BY BLOWER CONTROL TECHNICIAN

NAME OF COMPLAINANT _____ TYPE _____ Noise _____ Odour _____

ADDRESS _____

PHONE # / E-MAIL _____

DATE & TIME OF COMPLAINT _____ DATE & TIME OF NOISE/ODOUR _____

LOCATION AND DESCRIPTION OF NOISE / ODOUR _____

PLANT MANAGER & EHS FIELD REP NOTIFIED OF COMPLAINT?

Complainant Contact (CHECK ONE)	Complainant advised that (complete all three)	Y	N
_____ contacted directly by phone	Complaint received from 311	_____	_____
_____ left voicemail	Investigation is underway	_____	_____
_____ e-mail sent	Plant Management will follow up in 2 business days	_____	_____
_____ none - no answer, no voice mail			

SECTION B: WEATHER CONDITIONS AND INVESTIGATION - COMPLETED BY BLOWER CONTROL TECHNICIAN

Environment Canada Weather - Toronto Island

CONDITION _____ TEMPERATURE _____ HUMIDITY _____

WIND DIRECTION _____ WIND SPEED _____ GUSTS _____

POSSIBLE SOURCES OF ODOUR	NOTES
Odour control equipment out of service	_____
High solids levels (Primary sludge depths >8 ft)	_____
Doors left open	_____
Rags / Screenings stored outside	_____
Tanks drained / out of service	_____
Planned Odour Releases (Consent issued by MOE)	_____
Emergency Pelletizer Shutdown	_____
Other	_____

POSSIBLE SOURCES OF NOISE	NOTES
HVAC Equipment Status	_____
Pellet Loading	_____
Other potential source of off-site noise	_____

INVESTIGATION RESULTS

POSSIBLE SOURCE OF NOISE / ODOUR IDENTIFIED? _____

FOLLOW UP ASSIGNED TO (Area Supervisor) _____

SECTION C: CORRECTIVE / PREVENTIVE ACTIONS - COMPLETED BY AREA SUPERVISOR

Actions taken to eliminate noise / odour	Date Completed	Area Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION D: INVESTIGATION DETAILS - COMPLETED BY BLOWER CONTROL TECHNICIAN

Odour Control Equipment	Operational?
M Building Carbon Adsorption Unit	_____
T Building Carbon Adsorption Unit	_____
P Building Scrubber	_____
Primaries Carbon Adsorption Units	_____
Aeration Quad Unit	_____
Truck Loading Biofilter	_____
Pelletizer Loading Unit	_____
Pelletizer Conveyance Unit	_____

Odourous Process Areas	Doors Open?
D Building	_____
Silo Building	_____
Truck Loading Facility	_____

*** Contact all Operators-in-Charge to ensure a full investigation**

Operator	OIC Name	Time Contacted
Primaries Operator	_____	_____
Pelletizer Operator	_____	_____
Biosolids Operator	_____	_____
Dewatering Operator	_____	_____
Digestion Operator	_____	_____

SECTION E: RESPONSE TO COMPLAINANT - COMPLETED BY PLANT MANAGER OR DESIGNATE

DATE CONTACTED: _____ RESPONDER (NAME) _____

NOTES ON RESPONSE PROVIDED: (i.e. content and method of response)

SECTION F: ODOUR DESCRIPTORS - POSSIBLE SOURCES

Primary	Secondary	Biosolids/Sludge	Pelletizer	Digesters
Swampy	Musty	Ammonialike	Burnt	Sewer gas*
Marshy	Pungent	Pungent	Acrid	Rotten eggs**
Septic	Irritating	Irritating		Fishy**
Pungent	Fishy	Fishy		Putrid**
Irritating	Putrid	Putrid		Decayed cabbage**
Decayed cabbage	Decayed cabbage	Decayed cabbage		Rotten cabbage**
Rotten cabbage	Rotten cabbage	Rotten cabbage		Garlic**
Garlic	Garlic	Garlic		
Faecal		Farm manure		
Nauseating				
Sewer gas				
Rotten eggs				

*Only if waste gas burner fails

** Emissions generally contained within the digesters