

## Texas Commission on Environmental Quality

### CHECKLIST WORKSHEET

#### AIR FOCUSED INVESTIGATION - ODOR SURVEY

Reg Ent Name : \_\_\_\_\_

Date : \_\_\_\_\_

Add ID \_\_\_\_\_

Investigator Name \_\_\_\_\_

| Item No | Description  | Answer | Citations | Notes |
|---------|--|--------|-----------|-------|
| 1       | 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.  |        |           |       |
| 2       | 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  |        |           |       |
| 3       | Were weather conditions recorded on the log?   |        |           |       |
| 4       | Were any symptoms or effects noted and recorded on the log?  |        |           |       |
| 5       | 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.  |        |           |       |
| 6       | 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 |        |           |       |
| 7       | Were adverse effects confirmed?  |        |           |       |
| 8       | 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.                                    |        |           |       |