

Odour Nuisance Diary in respect of the Statutory Nuisances (Jersey) Law 1999

Your name:

[REDACTED]

Your address where any nuisance has occurred:

[REDACTED]

Contact number:

[REDACTED]

Email:

Premises which is the basis of this complaint:

HOSPITAL CATERING UNIT
UNIT 94 10 ST PETER'S TECHNICAL PARK

Number of diary pages submitted: ①

Do you have any sensitivities to odour? ~~Yes~~ / No

If yes, please provide more details:

Would you like to be kept updated on the progress of this investigation? ~~Yes~~ / No

The information given in this nuisance diary is correct to the best of my knowledge and accurately reflects and records incidents I have personally experienced.

Signed:

[REDACTED]

Print Name:

[REDACTED]

Date:

31/5/21

Date	Time Started	Time Stopped	Intensity *	Offensiveness **	Description of Odour ***	Weather Conditions (Include as much detail as possible such as wind speed and direction if known)	Location where odour was smelt****	How it affects you and your use of your property *****
12/5/21	9-40am	9-45am	6	-4	MAKES ME TO GAG + PUKE	SSE F3 TO 4	UPSTAIRS LANDING	<div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> THE SMELL IS SUCH HUMAN, I WOULD
								EVEN BE INCLINED TO CALL IT A BIO HAZARD.
I HAVE FOOD	<div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> ODOURS. THAT IS WHY THERE IS ONLY ONE INCIDENT REPORTED						I CANNOT ENDURE THE FOUL ON THIS	SHEET.

The information given in this nuisance diary is correct to the best of my knowledge and accurately reflects and records incidents I have personally experienced.

Signed:

Print Name:

Date: 31/5/21