

ODOR DIAGNOSTIC LOG© - observations that may assist in tracking down the source of a smell or odor

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Use this spreadsheet or a printout of it to record observations that may assist in diagnosing the cause or source of odors or smells in or around a building, building water, or building contents.

Date & Day of Week Time of Day & Observation	Observation Observed odor/smell,	Comments Yes, no, severity Month and season may be pertinent to odors that occur seasonally or related to weather
For each observation note the status of odor factors listed at right in order to correlate presence or absence of an odor or smell with other conditions.	Air conditioning	on or off, thermostat setting Condition & cleanliness of duct work, filters, or air handler may be factors
	Appliances	What appliances were in use: cook stoves, clothes washers, clothes dryers, dehumidifiers, humidifiers, air cleaners, vacuum cleaner
	Directness / Direction	Possible indirect sources of odors
	Doors	What doors are open /shut throughout the structure
	Elevators / Stairwells	Elevators present? In use? Stairwell doors open or shut? Building height.
	Fans & Blowers	Building exhaust fans in use? Where? Bath, kitchen, attic, other?
	Fireplaces	Type of fireplaces (gas, wood, coal), fire place door (glass vs screen), damper open/shut, in use, frequency of use.
	Heating system	on or off, type of fuel (oil, gas, other)
	Medical conditions	Results of physician consult to address possible illness, neurological concern, or relation to environmental cause
	Mold	Observations of visible mold in the building
	Neighbors	Activity or condition of neighbors or neighboring building units (attached) or separate buildings
	Occupancy	Number of occupants, which occupants observed the odor or smell, where? Same location? Severity? Reactions? Perception of odors by residents vs. visitors
	Odor Character	Describe the odor and its strength: chemical, flue gases, fuel gas, heating oil, sewer gas, rotten egg, mold, musty, plastic, food, cigarette, smoke, other.
	Odor History	Date/time first observed, regularity of observation, duration of observation
	Odor Location	Area of building, specific rooms, close to specific components such as plumbing fixtures, heat or cool air sources, objects Which side of the building, which side of room, unique materials or appliances in that location? Relation to air supply/return At what level in the building are odors noticed: basement, upper floors
	Odor Strength	How does odor or smell strength vary by location, time of day, season, weather, occupancy, use of equipment
	Odor Time	Odor time of day, relation to sunlight, relation to operation of equipment, cooking, use of appliances, occupancy Odor time related to season of the year, foliage, outdoor or indoor activities Odors in high rise buildings related to occupancy, use of elevators, garages, doors, stairwells
	Pets, pests & animals	What pets are resident in the building; has the building been treated for insect or animal pests?
	Plumbing	What plumbing fixtures are in use, not in use, long time not in use (dry traps?)
	Weather conditions	Temperature, wind, humidity, rain, snow, etc. Sunny, cloudy, and which sides of the building are receiving sunlight