

## 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.	<b>Air conditioning</b>	on or off, thermostat setting    Condition & cleanliness of duct work, filters, or air handler may be factors
	<b>Appliances</b>	What appliances were in use: cook stoves, clothes washers, clothes dryers, dehumidifiers, humidifiers, air cleaners, vacuum cleaner
	<b>Directness / Direction</b>	Possible indirect sources of odors
	<b>Doors</b>	What doors are open /shut throughout the structure
	<b>Elevators / Stairwells</b>	Elevators present? In use? Stairwell doors open or shut? Building height.
	<b>Fans &amp; Blowers</b>	Building exhaust fans in use? Where? Bath, kitchen, attic, other?
	<b>Fireplaces</b>	Type of fireplaces (gas, wood, coal), fire place door (glass vs screen), damper open/shut, in use, frequency of use.
	<b>Heating system</b>	on or off, type of fuel (oil, gas, other)
	<b>Medical conditions</b>	Results of physician consult to address possible illness, neurological concern, or relation to environmental cause
	<b>Mold</b>	Observations of visible mold in the building
	<b>Neighbors</b>	Activity or condition of neighbors or neighboring building units (attached) or separate buildings
	<b>Occupancy</b>	Number of occupants, which occupants observed the odor or smell, where? Same location? Severity? Reactions? Perception of odors by residents vs. visitors
	<b>Odor Character</b>	Describe the odor and its strength: chemical, flue gases, fuel gas, heating oil, sewer gas, rotten egg, mold, musty, plastic, food, cigarette, smoke, other.
	<b>Odor History</b>	Date/time first observed, regularity of observation, duration of observation
	<b>Odor Location</b>	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
	<b>Odor Strength</b>	How does odor or smell strength vary by location, time of day, season, weather, occupancy, use of equipment
	<b>Odor Time</b>	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
	<b>Pets, pests &amp; animals</b>	What pets are resident in the building; has the building been treated for insect or animal pests?
	<b>Plumbing</b>	What plumbing fixtures are in use, not in use, long time not in use (dry traps?)
	<b>Weather conditions</b>	Temperature, wind, humidity, rain, snow, etc. Sunny, cloudy, and which sides of the building are receiving sunlight

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