## RECORD OF SMOKE NUISANCE FORM

**DETAILS OF COMPLAINANT** 

Address:

Name:

In order for the City's Health Service to take further action in relation to your smoke complaint it will be necessary for you to record the smoke occurrence for a fourteen (14) day period.

Name:

**DETAILS OF OFFENDER** 

Address:

Telephone: (H)					(W) Telephone:		(H) (W)
	TII	ME			SEVERITY OF SMOKE		
Date	Start	Finish	Duration	Initials	1, 2, 3, 4 or 5	Briefly explain how alle	eged smoke nuisance affects
e.g. 6/6/14	0900	0910	10 mins	МВ	Refer to diagram attached.	Prevent use of A/C due	to smell
Please Note:							
(1) City of (2) Pleas (3) Shou (4) Shou (5) A me	Please return completed form to:  Coordinator Health Services City of Gosnells PO Box 662 GOSNELLS WA 6990						

Complainant's Signature:\_\_\_\_\_\_Date: \_\_\_\_\_

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## **Severity of Smoke**

## **ASSESSMENT OF SMOKE CHECKLIST**

In order to assist the City's Health Service in resolving your complaint and to determine the severity of the smoke it will be necessary for you to complete the following checklist.

		YES	NO
•	Is the flue/chimney still smoking 20 minutes after the fire has been lit? If yes, then answer the following ( <i>Please refer to the pictures below</i> ):		
	<ul> <li>Does the smoke resemble severity 1?</li> <li>Does the smoke resemble severity 2?</li> <li>Does the smoke resemble severity 3?</li> <li>Does the smoke resemble severity 4?</li> <li>Does the smoke resemble severity 5?</li> </ul>		
•	Is the flue/chimney height outlet greater than 600mm above the apex of the house?		
•	Is the flue/chimney height outlet above other buildings located within 3 metres of the flue?		
•	Is the flue/chimney fitted with a cowl cap or other rain protector?		
•	Is there a brown discoloration on the flue?		
•	Is there a strong odour coming from the wood heater?		



## CITY OF GOSNELLS

