Guest Odor Observation Report

Thank you for letting us know. We appreciate you bringing an unusual odor to our attention. Your observations help us locate the source and correct the problem.

Did you notice the odor when you first entered the unit?

☐ Yes ☐ No ☐ Not sure

When did you first notice it?

Date: _____ Approximate time: _____

Where did you first notice it?

☐ Entry ☐ Living room ☐ Kitchen ☐ Bedroom: _____

☐ Bathroom ☐ Hallway / stairs ☐ Garage ☐ Other: _____

Where does it seem strongest?

_____

How strong is it?

1 2 3 4 5 6 7 8 9 10 (1 = barely noticeable, 10 = very strong)

When do you notice it most?

☐ When entering the unit ☐ After the unit has been closed for a while

☐ When the room is warm ☐ When the heating or air conditioning turns on

☐ Near the floor ☐ Near a wall or baseboard

☐ Near furniture or bedding ☐ Near a doorway or stairs

☐ Other: _____

How would you describe the odor?

☐ Pet / urine-like ☐ Musty ☐ Chemical / cleaner ☐ Smoke

☐ Sewage / drain ☐ Unknown ☐ Other: _____

Does it seem constant, or does it come and go?

☐ Constant ☐ Comes and goes ☐ Not sure

Anything else that may help us locate it?

_____

_____

_____