PG Air Pollution Log

NAME _____

STREET _____

CITY _____ PROVINCE _____

POSTAL CODE _____

PHONE _____ EMAIL _____

Incident

DATE _____ YOUR LOCATION _____

TIME STARTED _____ TIME ENDED _____

WIND DIRECTION _____

Please circle the appropriate descriptions below:

I SEE: SMOKE FLARE BLACK CLOUD FIRE EXPLOSION DUST OTHER

PLEASE DESCRIBE: _____

I SMELL: BURNING SOOTY SMELL ROTTEN EGGS AMMONIA CREOSOTE HEAVY OIL SOUR SMELL PETROLEUM ACRID TURPENTINE SHARP HEAVY SWEET ACIDIC OTHER

PLEASE DESCRIBE: _____

I FEEL: BURNING IN THROAT NAUSEA HEADACHE TIGHTNESS IN CHEST EYES BURNING ASTHMATIC ATTACK NOSE BLEED OTHER

PLEASE DESCRIBE: _____

ACTION TAKEN CALL TO NEIGHBOURS CALL TO COMPANY CALL TO ENVIRONMENTAL AUTHORITY
Peter.Lawrie@gov.bc.ca 250-565-4487

PLEASE DESCRIBE ACTION & RESPONSE: _____

_____

_____

Please drop off copies of your report forms to:

Mailbox at 185 Patricia Blvd. in Millar Addition, or Ave Maria store, 1638 20th Ave.