Initials: ____ ____ ____	Day												
Enter the first date --> ____ / ____ / ____	Date												
OBSERVATIONS / INCIDENTS Use "Notes" space below for given day to elaborate; e.g. Add categories to reflect your site-specific situations, such as *high traffic* if you are near a road, or *visible pollution* if you are near an emission	____PM	____AM	____PM	____AM	____PM	____AM	____PM	____AM	____PM	____AM	____PM	____AM	____PM
OUTDOOR													
Raining													
Overcast													
Unusually windy													
Clear sky													
Food grilling													
Local wood / trash burning													
Smell (unidentified)													
Smell (wood smoke)													
Noise (specify)													
Other (specify in notes)													
INDOOR													
Occupancy change													
Use of Candles (specify when)													
Cooking (specify in notes)													
Equipment in Use (e.g humidifier)													
Operation of kitchen range hood													
Furnace air handler (auto, on, or manual)													
Odors (good or bad - specify)													
Windows Open (specify time in notes)													
Basement/Crawlspace - Wet													
Cleaning (specify in notes)													
Operation of clothes dryer													
Vacuuming													
Operation of portable air cleaner													
Operation of fans													
Operation central air conditioner													
Spike in Dylos - (specify cause if known)													
Hobby activity													
Other (specify)													
NOTES													

Initials: ____ ____ ____															
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OUTDOOR															
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