



RECORD OF SMOKE NUISANCE FORM

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.

<p align="center">DETAILS OF COMPLAINANT</p> Name: _____ Address: _____ _____ Telephone: _____ (H) _____ (W)	<p align="center">DETAILS OF OFFENDER</p> Name: _____ Address: _____ _____ Telephone: _____ (H) _____ (W)
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Date	TIME		Duration	Initials	SEVERITY OF SMOKE 1, 2, 3, 4 or 5	Briefly explain how alleged smoke nuisance affects you
	Start	Finish				
e.g. 6/6/14	0900	0910	10 mins	MB	Refer to diagram attached.	Prevent use of A/C due to smell

- Please Note:**
- (1) City of Gosnells is subject to the Freedom of Information Act, 1992.
 - (2) Please be aware that public health issues need to be dealt with in order of priority.
 - (3) Should legal action be necessary, you may be required to give evidence in Court.
 - (4) Should you require further information please contact the responsible Officer.
 - (5) A mediation service is provided by the Gosnells Community Legal Centre Phone 9398 1455.

Please return completed form to:

Coordinator Health Services
City of Gosnells
PO Box 662
GOSNELLS WA 6990

Complainant's Signature: _____ **Date:** _____



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>):	<input type="checkbox"/>	<input type="checkbox"/>
- Does the smoke resemble severity 1?	<input type="checkbox"/>	<input type="checkbox"/>
- Does the smoke resemble severity 2?	<input type="checkbox"/>	<input type="checkbox"/>
- Does the smoke resemble severity 3?	<input type="checkbox"/>	<input type="checkbox"/>
- Does the smoke resemble severity 4?	<input type="checkbox"/>	<input type="checkbox"/>
- Does the smoke resemble severity 5?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the flue/chimney height outlet greater than 600mm above the apex of the house?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the flue/chimney height outlet above other buildings located within 3 metres of the flue?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the flue/chimney fitted with a "chinaman's cap" or other rain protector?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a brown discoloration on the flue?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a strong odour coming from the wood heater?	<input type="checkbox"/>	<input type="checkbox"/>

