



HEALTH SERVICES RECORD OF EVENTS

REMEMBER! Complaints are often best resolved by speaking to your neighbours.
 Together we can make the City of Cockburn the most attractive place to work, live and visit.

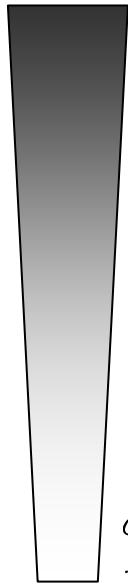
PLEASE KEEP A RECORD OF EVENTS WHEN YOU BELIEVE THE NUISANCE IS UNREASONABLE

- Nuisance Type**
- SMOKE
 - NOISE
 - ODOUR
 - DUST

Date	Time		Weather	What Happened	Nuisance Rating	Your Actions
	Start	Finish				

_____ **[Signature]**

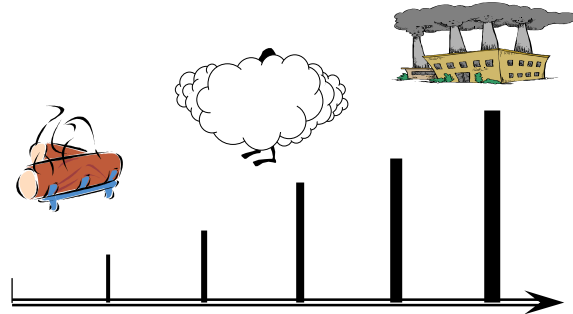
NOISE RATING



- N5** Extremely Loud Jumbo Jet
- N4** Noise equivalent to rock band
- N3** Noise equivalent to power tools
- N2** Noise equivalent to busy office
- N1** Low-level noise – conversation



SMOKE RATING

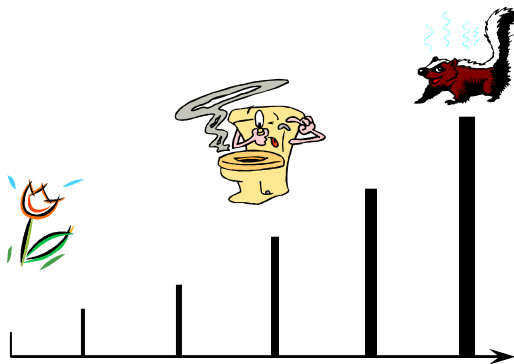


- 0** No visible smoke
- S1**
- S2** Visible Smoke
- S3**
- S4**
- S5** Thick black smoke

Things to Consider For weather conditions:

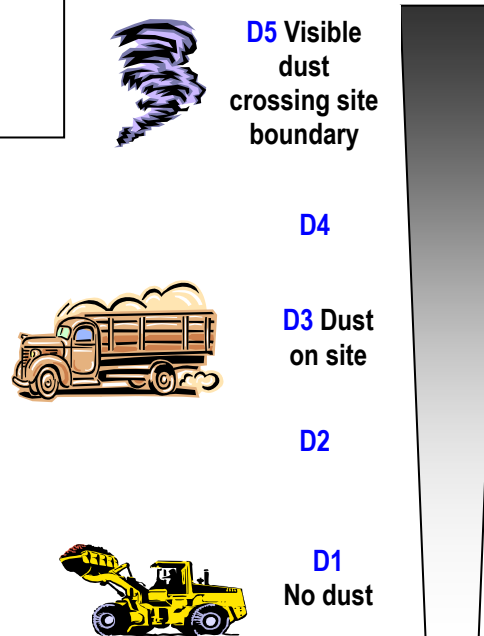
- * Wind Direction
- * Temperature
- * Wind Speed
- * Clear / Cloudy

ODOUR RATING



- 0** Odour Detected
- O1**
- O2** Moderate Odour
- O3**
- O4**
- O5** Strong Odour

DUST RATING



- D5** Visible dust crossing site boundary
- D4**
- D3** Dust on site
- D2**
- D1** No dust

- These nuisance ratings can be used to complete the Records of Events.
- Filling out this form correctly with information relating to your concern, will assist the City's Environmental Health Officer in investigating this matter.
- Previous case law suggests that in order to prove a "nuisance", accurate and verifiable evidence is required should legal action be taken.

Useful Agencies

- | | |
|----------------------------|--------------|
| • Law Society of WA | 9221 4402 |
| • Murdoch Police | 9313 9000 |
| • Cockburn Police | 9418 2409 |
| • COSAFE | 1300 267 233 |
| • Fremantle Police | 9430 1222 |
| • Citizens Advice Bureau | 9221 5711 |
| • Real Estate Institute WA | 9380 8200 |
| • Tenants Advisory Board | 1800 621 888 |
| • Department of Health | 9388 4999 |
| • Water Corporation | 13 13 95 |

I declare this document is true and correct to the best of my knowledge and belief, and I made this statement knowing that if it is tendered in evidence I will be wilfully guilty of a crime if I have included anything in this document that I know to be false or I do not believe to be true.

Print Name: _____

Signed: _____

Date: _____