

**Public Protection Statutory Smoke Nuisance Log**

<b>Your details</b> Name Address  Tel Number Email address	<b>Source of smoke</b> Address
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In order for us to assess your smoke complaint you need to keep a detailed record of the problem. This record may be used as evidence in a Court so it is very important that details are accurate and relate **only** to the specific smoke issue you have complained about. You should not, therefore, record smoke nuisance which is just an annoyance or occasional.

The smoke monitoring log is designed for you to complete one line on each occasion when the smoke affects you. The following information is required each time you record a smoke event.

- DATE** Include the day, month and year.
- TIMES OF SMOKE** It is important to make a note of the time when the smoke starts and finishes. Be sure to specify AM or PM  
If you do not know when the smoke finished because, for example, you go out, then make a note of when you last noticed the smoke.
- SOURCE OF SMOKE** Describe where the smoke is coming from, for example, bonfire or from a chimney stack.
- AFFECTS OF SMOKE** This is very important because it helps us assess how much smoke there is & tells us how badly the smoke is affecting you.
- ABOUT YOU** Tell us your details and where the smoke is coming from.  
If you have a disability which may affect how we contact you please tell us how you would prefer to be contacted.

**Complete the log for 14 DAYS** and then either **scan or e-mail** to us at [publicprotectionwest@wiltshire.gov.uk](mailto:publicprotectionwest@wiltshire.gov.uk) or send to us at Environmental Protection, Wiltshire Council, County Hall, Trowbridge, Wilts, BA14 8JN

**An example is shown below.**

Date	Start time	Finish time	Type of smoke	How it affects you
24.11.18	12.15 pm	5.15pm	Smoke from chimney blowing into living room	Made house fill with smoke as came through air vent.

The information you provide will be used to deal with your complaint. Information on how we use and store this information can be found on our website <http://www.wiltshire.gov.uk/community-safety-privacy-notice>

**I certify that the following record is a true record of the complained of smoke. I confirm that I am willing to attend Court and act as a witness should legal action be considered necessary.**

Signature.....Name in block capitals.....Date.....



Reference Number: WK/      Address:

Date	Start time	Finish time	Source of smoke	How it affects you

Signature.....Date..... You may continue on another sheet if you need to.

Reference Number: WK/      Address:

Date	Start time	Finish time	Source of smoke	How it affects you

Signature.....Date.....      You may continue on another sheet if you need to