Colorado Department of Public Health & Environment

Air Pollution Control Division

OLFACTOMETRY/PERFORMANCE STANDARD REPORTING FORM

Farm Name	Lagoon ID No.	Date of Test	Time of Test	Individual Data		Avg. Odor Threshold
				Sample 1	Sample 2	

Name of person(s) gathering samples: _____

c:/agrcltr/pigs/forms/olfactometry_repoting_form
2/27/2001