

Appendix 4 – Noise complaint investigation forms



Noise complaint investigation form 1 (To be completed by licensee)

Date (DD/MM/YYYY): _____

Resident: _____ Licensee representative: _____

Legal location: _____ Licensee: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Noise characterization

Identify the quality and characteristics of the noise.

Distance to source: _____ (m) When is noise a problem (day/night)? _____

Pitch (high/low): _____ Where is noise most annoying (inside/outside)? _____

Is there a noticeable tone? _____ Describe: _____

Is noise steady/intermittent/pulsating? _____ Describe: _____

Is the noise heard and/or a vibration felt? _____ Describe: _____

What is noise comparable to? _____

Other comments: _____

Weather conditions

Identify the weather conditions when the noise is most noticeable.

Temperature: _____ Direction wind is coming from: _____

Wind speed (km/h): _____ Cloud cover: _____ Precipitation: _____

Ground cover between dwelling and facility (snow, water, grass, crop, trees, ice, etc.):

Other comments:

Representative conditions

From the above, identify the conditions that should exist as closely as possible during a comprehensive sound level survey.

_____ (continued)

Event log

Noise complaint investigation form 2 (To be completed by complainant)

Resident: _____ Licensee contact: _____

Telephone: _____ Telephone: _____

List any details related to the sound from the facility that is annoying you. Refer to the descriptions at the bottom for assistance in providing information.

Category		Noise event 1	Noise event 2	Noise event 3
Date noise heard (DD/MM/YYYY)				
Time noise heard (a.m./p.m.)				
Duration				
Noise characteristics	Pitch	<input type="checkbox"/> High <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Low
	Noticeable tone	<input type="checkbox"/> Rumble <input type="checkbox"/> Sizzle	<input type="checkbox"/> Rumble <input type="checkbox"/> Sizzle	<input type="checkbox"/> Rumble <input type="checkbox"/> Sizzle
	Occurrence frequency	<input type="checkbox"/> Steady <input type="checkbox"/> Intermittent <input type="checkbox"/> Pulsating	<input type="checkbox"/> Steady <input type="checkbox"/> Intermittent <input type="checkbox"/> Pulsating	<input type="checkbox"/> Steady <input type="checkbox"/> Intermittent <input type="checkbox"/> Pulsating
	Noticeability	<input type="checkbox"/> Noise heard <input type="checkbox"/> Vibration felt	<input type="checkbox"/> Noise heard <input type="checkbox"/> Vibration felt	<input type="checkbox"/> Noise heard <input type="checkbox"/> Vibration felt
Weather conditions	Wind Speed	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Mild	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Mild	<input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Mild
	Wind direction	<input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> North	<input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> North	<input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> North
	Precipitation	<input type="checkbox"/> Snow <input type="checkbox"/> Rain <input type="checkbox"/> None	<input type="checkbox"/> Snow <input type="checkbox"/> Rain <input type="checkbox"/> None	<input type="checkbox"/> Snow <input type="checkbox"/> Rain <input type="checkbox"/> None
	Temperature	<input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot	<input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot	<input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot
	Cloud Cover	<input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy	<input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy	<input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy
Ground cover		<input type="checkbox"/> Vegetation <input type="checkbox"/> Snow <input type="checkbox"/> Water	<input type="checkbox"/> Vegetation <input type="checkbox"/> Snow <input type="checkbox"/> Water	<input type="checkbox"/> Vegetation <input type="checkbox"/> Snow <input type="checkbox"/> Water
Other noise heard during the noise event?		<input type="checkbox"/> Vegetation rustling <input type="checkbox"/> Wildlife <input type="checkbox"/> Traffic	<input type="checkbox"/> Vegetation rustling <input type="checkbox"/> Wildlife <input type="checkbox"/> Traffic	<input type="checkbox"/> Vegetation rustling <input type="checkbox"/> Wildlife <input type="checkbox"/> Traffic
Location				
Other notes				

Noise characteristics: Describe the sound as a high or low tone, steady or pulsing.

Weather conditions: To the extent possible, provide details on temperature, wind direction and speed, cloud conditions (clear or cloudy), and existence of precipitation when the sound is a problem.

Ground cover: Describe what is covering the ground around the facility; for example, is it snow, water, grass, crop, trees, ice...etc.

Dwelling name and location: Identify the person who heard the noise. Note where you were when the sound was annoying (outdoors, such as on the deck or in the yard or corrals, or indoors, such as in the bedroom or living room).