



## **ENVIRONMENTAL HEALTH**

### **Noise Guidance and Record of noise incidents**

#### **GUIDANCE ON FILLING IN THE RECORD OF NOISE INCIDENTS**

It is important that this document is fully completed, as it is necessary in determining whether a nuisance under the *Public Health and Wellbeing Act 2008* exists. It is possible that the matter may have to be heard in court. You must keep an accurate, detailed record of the noise. If there are any inaccuracies in the record, the court will challenge the validity of the entire diary.

#### **COMPLAINANTS NAME AND ADDRESS**

Record your details so that we can contact you regarding the complaint. Daytime contact details are better. These details will also be needed for a complete record if the matter is to be heard in court.

#### **DATE THE NOISE HAPPENS**

Enter the date the noise happens. Include the day, month and year.

#### **TIME THE NOISE STARTED AND FINISHED**

Use either am or pm or the 24-hour clock to describe the time.

#### **WHERE YOU HEARD THE NOISE**

Write which room you were in when you heard the noise. The noise must be able to be heard in a "habitable room", which is any room other than a kitchen, storage area, bathroom, laundry, toilet or pantry.

#### **ADDRESS THE NOISE IS FROM**

It is very important to record which address the noise is coming from.

#### **PERSON RESPONSIBLE FOR THE NOISE**

If you know the name of the person causing the noise, please write their name or indicate 'unknown'.

#### **DESCRIPTION OF NOISE**

Include the source of the noise. For example, loud music, drums, air-conditioner units, pool pumps and machinery.

You must give an indication of the level of the noise..

For example: "I could hear the words of the song; there was a loud thumping bass; the noise was so loud I could not hold a conversation without raising my voice; could not hear my television or the noise disturbed my sleep". Anything that in your own words would give an idea as to the level. (Please do not exaggerate the level, as this will not help your case.)

#### **EFFECT THE NOISE IS HAVING ON YOU**

Record the effect the noise is having on you. For example broken sleep, increased stress, becoming emotional.

#### **SIGNATURE**

You must sign the diary sheets confirming the details given are true and accurate.

**WHEN YOU HAVE COMPLETED 2 WEEKS OF RECORDS PLEASE RETURN TO THE HEALTHY ENVIRONMENTS UNIT.**

