# VACUUM TRUCK BLOWER USE OPERATOR LOG

<table>
<thead>
<tr>
<th>Date</th>
<th>Operator Name</th>
<th>Truck I.D. (Vehicle No. or License Plate No.)</th>
<th>Own/Lease</th>
<th>Contractor</th>
<th>Location of Operation</th>
<th>*Vacuum Truck Blower Usage for Operation</th>
<th>Odor Complaints</th>
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</thead>
<tbody>
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</tbody>
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- **Start Time**
- **Stop Time**
- **Total Time (Minutes)**
- **Type (Sewer/Truck Exhaust/Other)**
- **Follow-Up Required (Y/N)**

*: Only report minutes of vacuum blower use

**: Explain "Other"; leave blank if no odor complaints noted

***: Indicate “Y” when follow-up was required following completion of the vacuuming event

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_An Excel version of this form may be obtained by contacting Ken Ellis at (909) 396-2457 or at kellis@aqmd.gov_