VACUUM TRUCK BLOWER USE OPERATOR LOG										
Date	Operator Name	Truck I.D. (Vehicle No. or License Plate No.)	Own/Lease	Contractor	Location of Operation	*Vacuum Truck Blower Usage for Operation			Odor Complaints	
						Start Time	Stop Time	Total Time (Minutes)	Type (Sewer/ Truck Exhaust/ **Other)	Follow-Up Required ***(Y/N)

^{*:} Only report minutes of vacuum blower use

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

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

^{***:} Indicate "Y" when follow-up was required following completion of the vacuuming event