Cnr Gilmore Ave & Sulphur Rd, Kwinana WA 6167 | PO Box 21, Kwinana WA 6966

Hours Mon-Fri 8:30am-4:30pm | Telephone Mon-Fri 8:00am-5:00pm 08 9439 0200

NRS 133 677 (hearing/speech impaired) | TIS National 131 450 (Translating and Interpreting Service) customer@kwinana.wa.gov.au | www.kwinana.wa.gov.au



## **NOISE DIARY**

## **How To Complete the Noise Diary**

To enable Environmental Heath Officers to resolve this matter, the Noise Logs/Diary needs to be completed in the following manner:

Date	The date of each instance is to be recorded.					
Time of noise from and to	The time that the noise started and ceased is to be recorded. It is not sufficient to state the noise occurred all morning or all night.					
Comments	<ul> <li>When the noise is heard, check to see if there is any identifiable cause, i.e.</li> <li>Having a party.</li> <li>Wind blowing.</li> </ul>					
Description of how the noise effects you	<ul> <li>Workers commencing construction work.</li> <li>It is a requirement that the effect the noise had on you is recorded. This needs to be specific. Include where you can hear the noise.</li> <li>Woke me up inside my bedroom</li> <li>Prevented me from studying/working in the office</li> <li>Could not hear the T.V. in the living room.</li> <li>Woke my child up etc. in the nursery.</li> <li>It is not sufficient to state generalisations such as "it's annoying".</li> </ul>					
Description of noise	<ul> <li>What is the noise you are hearing?</li> <li>Music - Loud music with strong bass</li> <li>Construction - sawing, hammering, grinding, dragging, banging.</li> <li>Exercise - banging and clanging of dumbbells, barbells, basketball bouncing.</li> <li>Musical Instruments - Piano, Guitar, trumpet, drums.</li> </ul>					

When the diary has been completed for a minimum period of 14 days, please return it to the City of Kwinana Administration Building marked for the attention of Environmental Health or email to <a href="mailto:health@kwinana.wa.gov.au">health@kwinana.wa.gov.au</a>. The information will then be assessed as to what action should be taken.

Please note - great care is to be taken when compiling this record.

The information that you provide will be used as evidence and may be presented in court if necessary.

## **Noise Log Sheet**

Reg No:

Name

Address

Phone Number Mobile

**Email address** 

Address of noise source

Specific location of noise source (if known): e.g. outside under the patio

Type of noise: (Please tick where applicable)

Amplified stereo music Musical Instruments Construction site

Power Tools Pool/Spa Equipment Air Conditioning Unit

Other Noise (Please specify):

Have you attempted to resolve this matter yourself?

No

Yes. If yes, please provide further details

Do you know the name of the occupier(s) of the property where the noise source is located?

How long has this noise been affecting you?

I wish to lodge a formal noise complaint and request a noise investigation in relation to the details I have provided. I have completed the attached noise log sheet to show that I have been affected by the noise specified.

- 1. The City of Kwinana is subject to the Freedom of Information Act 1992.
- 2. All noise complaints will be dealt with in order of priority.
- 3. Should legal action be required, you may be requested to give evidence in Court.

Customer Signature

Date

Attached pages of logsheets

The form is to be returned to:

City of Kwinana, Corner of Gilmore Avenue & Sulphur Road Kwinana or PO Box 21 Kwinana WA 6966

Please contact the City of Kwinana Environmental Health Services for further information on 9439 0200 or email <a href="mailto:health@kwinana.wa.gov.au">health@kwinana.wa.gov.au</a>

Noise Log Sheet							g No	Doc No	
Date	Start Time	Finish Time	Duration	Initials of Witness	Comments	Description of noise Description of how it affects you		u	Police job no.
6/5/24	9.15pm	11.00pm	1hr 45mins	VC	Having a party	Stereo music with strong bass	Had doors and windows shut but was still unable to hear TV clearly and affecting my sleep in my bedroom.		