

Stable Fly Complaint Sheet - Data Collection

Complainant details

Given Name	Family Name
Postal Address:	
Suburb	Post Code
Phone:	Fax No:
Mobile:	email:

Incident Details

Date:

1. Time of day flies were first noticed	am	pm		
2. Where are flies (eg - around house, on cattle, dogs ears, house walls):				
3. Are they mainly biting flies? Yes <input type="checkbox"/> No <input type="checkbox"/>				
4. Which direction has the wind been blowing <u>from</u> in the last 24 hours?	N	S	E	W
Strongly <input type="checkbox"/>	Softly <input type="checkbox"/>	Calm <input type="checkbox"/>		
5. Has there been an application of manure on land adjacent to yours within the last 72 hours?				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>		
6. Has a vegetable crop been harvested on land adjacent to yours within 72 hours?				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>		
7. If applicable, have your or neighbours' animals been fed with crop waste (eg carrots) within the last week?				
Yes <input type="checkbox"/>	where _____	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	

Please return this form to the City of Swan Environmental Health Service using the contact details above