

Detective's Name: \_\_\_\_\_

Date: \_\_\_\_\_

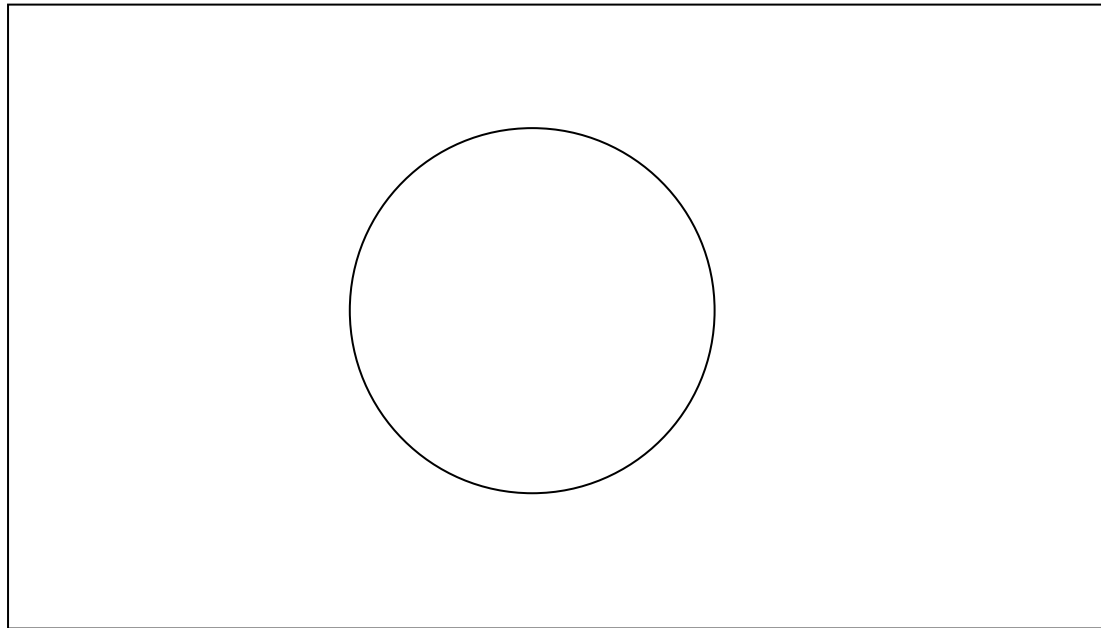
# Air Pollution Observation Form

---

Was the device placed near any of these? (Check all that apply)

- |                                    |                                      |                                      |  |
|------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Street    | <input type="checkbox"/> Factory     | <input type="checkbox"/> Incinerator | <input type="checkbox"/> Heating           |
| <input type="checkbox"/> Vent      | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Playground  | <input type="checkbox"/> Construction Site |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Pet         |                                      |  |

Draw What You See on the Air Pollution Collection Device:



What do you think you have collected?

---

---

Detective's Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_