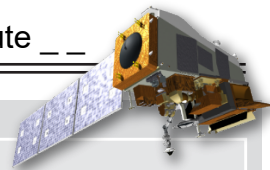


School/Observer Name: _____ Study Site: _____

Date (ex. 2017 01 13): Year: ____ Month: __ Day: __

Time (ex. 24 Hour Clock: 14 26): Local: Hour __ Minute __ Universal: Hour __ Minute __



1. What is in Your Sky?

Total Cloud/Contrail Cover:

- Sky is Obscured
- None (Go to box 2)
- Few (<10%)
- Isolated (10-25%)
- Scattered (25-50%)
- Broken (50-90%)
- Overcast (90-100%)

- Fog
- Heavy Rain
- Heavy Snow
- Blowing Snow
- Sand
- Spray
- Smoke
- Dust
- Haze
- Volcanic Ash

Go to box 6

*If you can observe sky color or visibility, complete box 2

2. Sky Color and Visibility

- Color (Look Up): Cannot Observe Deep Blue Blue Light Blue Pale Blue Milky
- Visibility (Look Across): Cannot Observe Unusually Clear Clear Somewhat Hazy Very Hazy Extremely Hazy

3. High Level Clouds

- No High Level Clouds Observed (Go to box 4)

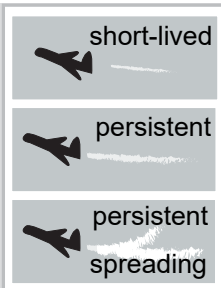
Cloud Type:

- Contrails (number of): _____
- Cirrus
- Cirrocumulus
- Cirrostratus

#

#

#



Cloud Cover:

- Few (<10%)
- Isolated (10%-25%)
- Scattered (25%-50%)
- Broken (50%-90%)
- Overcast (>90%)

Visual Opacity:

- Opaque
- Translucent
- Transparent

4. Mid Level Clouds

- No Mid Level Clouds Observed (Go to box 5)

Cloud Type:

- Altostratus
- Altocumulus

Cloud Cover:

- Few (<10%)
- Isolated (10%-25%)
- Scattered (25%-50%)
- Broken (50%-90%)
- Overcast (>90%)

Visual Opacity:

- Opaque
- Translucent
- Transparent

5. Low Level Clouds

- No Low Level Clouds Observed (Go to box 6)

Cloud Type:

- Fog
- Nimbostratus
- Cumulonimbus
- Stratus
- Cumulus
- Stratocumulus

Cloud Cover:

- Few (<10%)
- Isolated (10%-25%)
- Scattered (25%-50%)
- Broken (50%-90%)
- Overcast (>90%)

Visual Opacity:

- Opaque
- Translucent
- Transparent

6. Surface Conditions

Mandatory:

	Yes	No		Yes	No
Snow/Ice	<input type="radio"/>	<input type="radio"/>	Dry Ground	<input type="radio"/>	<input type="radio"/>
Standing Water	<input type="radio"/>	<input type="radio"/>	Leaves on Trees	<input type="radio"/>	<input type="radio"/>
Muddy	<input type="radio"/>	<input type="radio"/>	Raining/Snowing	<input type="radio"/>	<input type="radio"/>

Optional:

You may submit any or all

Temperature: ____ °C
 Barometric Pressure: ____ mb
 Relative Humidity: ____ %



Comments: