

Atmosphere Investigation

Surface Ozone Data Sheet

* Required Field

School Name: _____ Study Site: _____

Observer names: _____

Ozone Strip Exposed at:

Date: Year _____ Month _____ Day _____ Universal Time (hour:min): _____

Ozone Strip Measured at:

Date: Year _____ Month _____ Day _____ Universal Time (hour:min): _____

*Surface Ozone _____ (ppb)

Comments: _____

*Data (When Ozone Strip was Exposed)

*Air Temperature (°C): _____

Relative Humidity

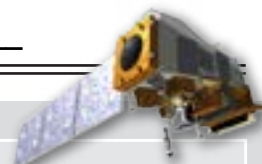
(Select instrument used):

<input type="checkbox"/> Sling Psychrometer	<input type="checkbox"/> Digital Hygrometer
Dry bulb temperature (°C): _____	Ambient air temperature (°C): _____
Wet bulb temperature (°C): _____	Relative Humidity (%): _____

Comments: _____

*Sky Conditions (next page):

Study Site: _____ Date: _____ Time (UT): _____



1. What is in Your Sky?

Total Cloud/Contrail Cover:

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

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

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

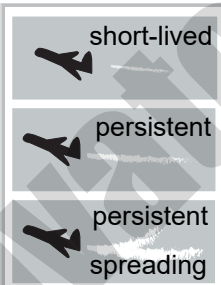
3. High Level Clouds

- 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 Stratus
- Nimbostratus Cumulus
- Cumulonimbus 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: ____%



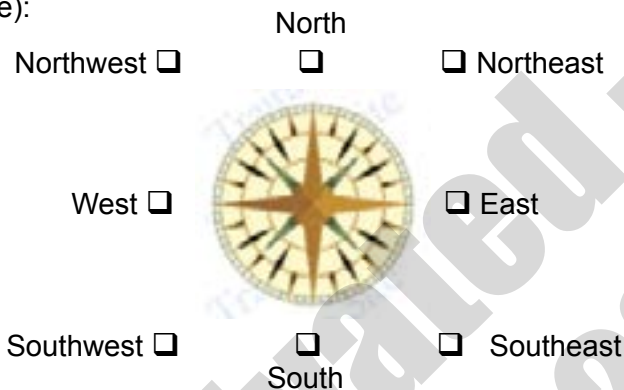
Study Site: _____ Date: _____ Time (UT): _____

Comments: _____

***Wind**

*Instrument (Check one): GLOBE Instrument Automated Instrument
0 to 10% 10 to 25% 25 to 50% >50%

*Direction (Check One):



Comments: _____

***Data (When Ozone Strip was Measured)**

*Air Temperature (°C): _____

Relative Humidity

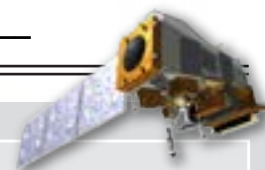
(Select instrument used):

<input type="checkbox"/> Sling Psychrometer	<input type="checkbox"/> Digital Hygrometer
Dry bulb temperature (°C): _____	Ambient air temperature (°C): _____
Wet bulb temperature (°C): _____	Relative Humidity (%): _____

Comments: _____

***Sky Conditions (next page):**

Study Site: _____ Date: _____ Time (UT): _____



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 Heavy Rain Spray Haze
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3. High Level Clouds

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

Cloud Type:

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

#

	short-lived
	persistent
	persistent spreading

Cloud Cover :

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

Visual Opacity:

- Opaque
 Translucent
 Transparent

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

Cloud Type:

- Altostratus Altocumulus

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

Visual Opacity:

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 Translucent
 Transparent

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 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: ____%



* Required Field

Study Site: _____ Date: _____ Time (UT): _____


Comments: _____

***Wind**

*Instrument (Check one): GLOBE Instrument Automated Instrument
0 to 10% 10 to 25% 25 to 50% >50%

*Direction (Check One):

North Northwest Northeast
West East
Southwest South Southeast



Comments: _____