Observer Name: ______________________  Study Site: ______________________

Date (ex. 2016 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:
- None (Go to box 2)
- Scattered (25-50%)
- Broken (50-90%)
- Overcast (90-100%)

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

2. Sky Color and Visibility

Sky Color:  o Cannot Observe  o Deep Blue  o Blue  o Light Blue  o Pale Blue  o Milky
Sky Visibility:  o Cannot Observe  o Unusually Clear  o Clear  o Somewhat Hazy  o Very Hazy  o Extremely Hazy

3. High Level Clouds

Cloud Type:
- Contrails (number of):
  - Cirrus
  - Cirrocumulus
  - Cirrostratus

4. Mid Level Clouds

Cloud Type:
- Altostratus
- Altocumulus

5. Low Level Clouds

Cloud Type:
- Fog
- Nimbostratus
- Cumulonimbus

6. Surface Conditions

Mandatory:
- Snow/Ice
- Standing Water
- Muddy

Optional:
- You may submit any or all
  - Temperature: ___°C
  - Barometric Pressure: ___mb
  - Relative Humidity: ___%

Comments: