Atmosphere Investigation
Water Vapor Data Sheet

School Name: _____________________________ Study Site: __________________________
Observer names: ______________________________________________________________
Date: Year_____ Month _____ Day _____ Universal Time (hour:min): _________________

*Sun Photometer Instrument Type (Check One):
☐ Measures Voltage Only (Serial Number): ___________

*If known, Satellite overflights on date of measurements:
Satellite/instrument name: ______ Time of overflight (UT): ____ Max elevation angle (deg): ___

Case Temperatures
Before taking measurements (multiply voltage reading by 100) (°C) _____
After taking measurements (multiply voltage by 100) (°C) _____

1 At least 3 sets of measurements (including IR1 and IR2) are required.
2 Always report voltages with 3 digits to the right of the decimal point (e.g., 1.733 rather than 1.77).

<table>
<thead>
<tr>
<th>Measurement Number¹</th>
<th>Universal Time (hour:minute:second)</th>
<th>Maximum Voltage in Sunlight ² (volts)</th>
<th>Dark Voltage ² (volts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (IR1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (IR2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 (IR1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 (IR2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 (IR1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 (IR2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 (IR1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 (IR2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 (IR1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 (IR2)</td>
<td></td>
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</tr>
</tbody>
</table>

Comments: _______________________________________________________________________
________________________________________________________________________________

*Sky Conditions (next page):
1. What is in Your Sky?

Total Cloud/Contrail Cover:
- None (Go to box 2)
- Few (<10%)
- Isolated (10-25%)
- Scattered (25-50%)
- Broken (50-90%)
- Overcast (90-100%)

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

4. Mid Level Clouds

No Mid Level Clouds Observed (Go to box 5)

Cloud Type:
- Altostratus
- Altocumulus

5. Low Level Clouds

No Low Level Clouds Observed (Go to box 6)

Cloud Type:
- Fog
- Nimbostratus
- Cumulonimbus
- Stratus
- Cumulus
- Stratocumulus

6. Surface Conditions

Mandatory:
- Snow/Ice
- Standing Water
- Muddy

Optional:
- Dry Ground
- Leaves on Trees
- Raining/Snowing

You may submit any or all
- Temperature: ___ °C
- Barometric Pressure: ____mb
- Relative Humidity: ____%
Study Site: ___________________  Date: ________________  Time (UT): ____________

Comments: ___________________________________________________________________
____________________________________________________________________________

Air Temperature
Current Temperature (˚C): ____
Comments: ___________________________________________________________________
____________________________________________________________________________

Relative Humidity
(Select instrument used):

<table>
<thead>
<tr>
<th>Sling Psychrometer</th>
<th>Digital Hygrometer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry bulb temperature (˚C): _______</td>
<td>Ambient air temperature (˚C): _______</td>
</tr>
<tr>
<td>Wet bulb temperature (˚C): _______</td>
<td>Relative Humidity (%): _______</td>
</tr>
</tbody>
</table>

Comments: ___________________________________________________________________
____________________________________________________________________________

*Barometric Pressure
(Check one):  ☐ Sea Level Pressure   ☐ Station Pressure
Pressure (mb): ____
Comments: ___________________________________________________________________
____________________________________________________________________________