



OSSP Data Input: Weather

ALL fields are required on this form. If you do not have the required information, you may type “n/a” or “none”.

Researcher: _____

Recorder: _____

Site Name: _____

Date: Month_____ Day_____ Year_____

Time: Hour_____ Minute_____ AM PM

Cloud Cover: none 25% 50% 75% 100%

Temperature (°C): _____

Barometric Pressure (Hg): _____

Relative Humidity (%): _____

Dew Point (°C): _____

Other Observations: _____
