

FORM No. 9

(See rule 29)

Humidity Register

Department
Hygrometer

Distinctive mark or number:
Position in department

Year:

Month:

Date:	Reading of hygrometer						Remarks	Signature of the person taking the reading
	Between 7 and 9 a.m.		Between 11 a.m and 2 p.m. (but not in the rest interval)		Between 4 and 5.30 pm			
	Dry bulb	Wet bulb	Dry bulb	West bulb	Dry bulb	Wet bulb		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1st								
2nd								
3rd								
4th								
5th								
6th								
to								
28th								
29th								
30th								
31st								

Certified that the above entries are correct

Signature and designation of the
person taking the reading