Form 11

(See rule 35)

HUMIDITY REGISTER

Department ……..

Hygrometer [Distinctive mark or number …….].
[Position in department ……..]

Year …….. Month …….

Date	Reading of Hygrometer						If no humidity insert 'none'	Remarks	Signature of the person taking the reading
	Between 7 and 9 am		Between 11am and 2 pm (but not in the rest interval)		Between 4 and 5.50 pm.				
	Dry bulb	Wet bulb	Dry bulb	Wet Bulb	Dry bulb	Wet bulb			
1	2	3	4	5	6	7	8	9	10
1st									
2nd									
3rd									
4th									
5th									
6th									
7th									
8th									
9th									
10th									
11th									
12th									
13th									
14th									
15th									
16th									
17th									
18th									
19th									
20th									
21st									
22nd									
23rd									
24th									
25th									
26th									
27th									
28th									
29th									

30th 31st									