

Hourly Weather Observation Form

DATE: __/__/__		TIME: __:__ <input type="checkbox"/> AM <input type="checkbox"/> PM	
COUNTY: _____		LOCATION: _____	
RAIN AMOUNT PER HOUR: ____ Inch/Inches	HAIL SIZE:	<input type="checkbox"/> Pea <input type="checkbox"/> Golf Ball	<input type="checkbox"/> Dime <input type="checkbox"/> Tennis Ball
		<input type="checkbox"/> Quarter <input type="checkbox"/> Baseball	<input type="checkbox"/> Half-Dollar <input type="checkbox"/> Grapefruit
WIND: <input type="checkbox"/> Measured <input type="checkbox"/> Estimated	TEMPERATURE: _____		
MPH: _____	HEAT INDEX: _____		
Wind gust MPH: _____	WIND CHILL: _____		
WIND DIRECTION: _____	PRESSURE: _____		
COMMENTS: _____ _____ _____ _____			
DAMAGE: _____ _____ _____ _____			
INFORMATION SOURCE FOR THIS REPORT: _____ _____ _____			

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