

# Form No. 6

(Prescribed Under Rule 23)

## Humidity Register

Department.....

Distinctive mark of number.....

Hygrometer .....

Position in department.....

Year.....

Month.....

Reading of hygrometer								
Date	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 p.m.		Remarks	Signature of The Person Taking the reading
	Dry Bulb	Wet Bulb	Dry Bulb	Wet Bulb	Dry Bulb	Wet Bulb		
1	2	3	4	5	6	7	8	9
1 <sup>st</sup>								
2 <sup>nd</sup>								
3 <sup>rd</sup>								
4 <sup>th</sup>								
5 <sup>th</sup>								
6 <sup>th</sup>								
7 <sup>th</sup>								
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26 <sup>th</sup>								
27 <sup>th</sup>								
28 <sup>th</sup>								
29 <sup>th</sup>								
30 <sup>th</sup>								
31 <sup>st</sup>								

Certified that the above entries are correct

(Signed) .....

(Signed) .....