

**FORM - 8**

Prescribed under Rule 28

**HUMIDITY REGISTER**

Department : .....

Hygrometer : Distinctive mark or number : .....  
 Position in department : .....

Year : ..... Month : .....

Date	Readings of hygrometer						If no humidity insert 'none'	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 p.m.				
	Dry bulb	Wet bulb	Dry bulb	Wet bulb	Dry bulb	Wet bulb			
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>									
8 <sup>th</sup>									
9 <sup>th</sup>									
10 <sup>th</sup>									
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17 <sup>th</sup>									
18 <sup>th</sup>									
19 <sup>th</sup>									
20 <sup>th</sup>									
-									
-									
-									
-									
31 <sup>st</sup>									

Certified that the above entries are correct.

Signature and designation of the person taking the readings : .....