

Solar Observations

Name: _____
Date: _____
Time: _____

Conditions Outside: (Circle all that apply)

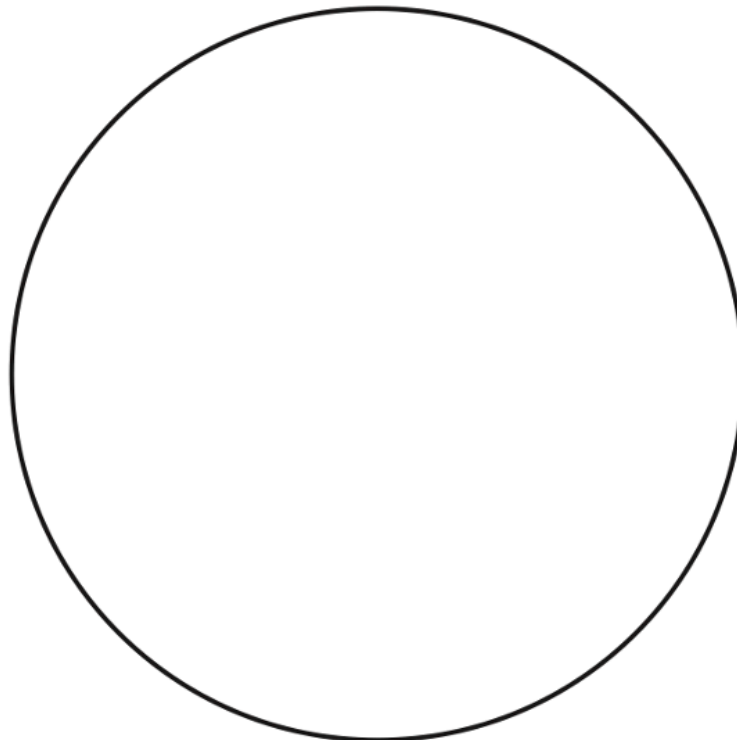
Clear

Haze: Heavy Medium Light

Clouds: Heavy Medium Light Drifting Intermediate

Wind: Yes/No

Instruments used in observations:



Solar Disk

NEVER LOOK DIRECTLY AT THE SUN WITHOUT SAFETY EQUIPMENT