

S'COOL Rover Report Form

Nickname: _____ Age: _____ Skill Level: _____ Email Address (Optional) _____

City: _____ State: _____ Country: _____ Latitude: _____

Date (ex.. 2007 09 20): Year _____ Month _____ Day _____ Longitude: _____

Local Time (24 Hour Clock: ex. 14 26): Hour _____ Minute _____ Universal Time: Hour _____ Minute _____ DST: Yes or No

Cloud Observations: (Select the most prevalent cloud type at each level where clouds exist. Cloud Cover and Visual Opacity must be determined for each level observed. Use the comment section for further descriptions.)

- Clear Sky - No clouds observed** (skip to the "Surface Cover" section)
 Clouds Present - (continue to level(s) observed – don't forget to count contrails if present)

High Level

← Persistent
 Number of Persistent Contrails Present _____
 ← Short-Lived
 Number of Short-Lived Contrails Present _____

Cloud Type:
 Cirrus
 Cirrocumulus
 Cirrostratus

Cloud Cover:
 Clear (0-5%)
 Partly Cloudy (5% - 50%)
 Mostly Cloudy (50% - 95%)
 Overcast (95% - 100%)

Visual Opacity:
 Opaque
 Translucent
 Transparent

Mid Level

Cloud Type:
 Altostratus
 Altcumulus

Cloud Cover:
 Clear (0-5%)
 Partly Cloudy (5% - 50%)
 Mostly Cloudy (50% - 95%)
 Overcast (95% - 100%)

Visual Opacity:
 Opaque
 Translucent
 Transparent

Low Level

Cloud Type:
 Fog
 Nimbostratus
 Cumulonimbus
 Stratus
 Cumulus
 Stratocumulus

Cloud Cover:
 Clear (0-5%)
 Partly Cloudy (5% - 50%)
 Mostly Cloudy (50% - 95%)
 Overcast (95% - 100%)

Visual Opacity:
 Opaque
 Translucent
 Transparent

Ground Observations:

Surface Cover: (Mandatory)

- | | | |
|--------------------------|--------------------------|-----------------|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Snow/Ice |
| <input type="checkbox"/> | <input type="checkbox"/> | Standing Water |
| <input type="checkbox"/> | <input type="checkbox"/> | Muddy |
| <input type="checkbox"/> | <input type="checkbox"/> | Dry Ground |
| <input type="checkbox"/> | <input type="checkbox"/> | Leaves on Trees |
| <input type="checkbox"/> | <input type="checkbox"/> | Raining/Snowing |

Surface Measurements: (Optional – you may submit any or all)

- Temperature:**
 _____ Celsius or
 _____ Fahrenheit
- Barometric Pressure: (Select one)**
 _____ hPa
 _____ mb
 _____ atm
- _____ psi
 _____ inches Hg
 _____ torr (mm Hg)

Relative Humidity: _____ %

Comments:

<http://science-edu.larc.nasa.gov/SCOOL/Rover/>
 Email: scool@lists.nasa.gov