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| WS FORM 10-13-10  **U.S. DEPARTMENT OF COMMERCE**(20-10) NATIONAL OCEANIC AND ATMOSPHERIC AMINISTRATIONRef: NWSI 10-1301 NATIONAL WEATHER SERVICE**AVIATION & SYNOPTIC OBSERVATION STATION INSPECTION REPORT****[ ]  Manual** **[ ]  Other** | **STATION AND TYPE**      |
| **PREPARED BY**      |
| **TITLE**      |
| **HOME STATION**      |
| **DATE(S) OF VISIT**      |
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| **RATING** | **TYPE OF VISIT** |
| [ ]  EXCELLENT | [ ]  COMPLETE VISITATION |
| [ ]  SATISFACTORY | [ ]  1st FOLLOW-UP |
| [ ]  CONDITIONALLY UNSATISFACTORY | [ ]  2nd FOLLOW-UP |
| [ ]  UNSATISFACTORY | [ ]  Other       |

INSTRUCTIONS – Provide the results of the station inspection in narrative form following the outlined format. Distribute via email to the following: Station Inspected, Supervisory Station, Regional Headquarters, NWS Headquarters(station.inspections@noaa.gov). Include the type of station and the location identifier at a minimum in the email subject line. If station or supervisory station does not have email access, mail a hard copy.  |
| 1. Persons Contacted:      2. Justification for Rating:      3. Actions with target completion dates:      4. Summarize the following areas inspected: a. Arrangement of Facilities:       b. Pressure:       c. Temperature and Humidity:       d. Precipitation:       e. Wind:       f. Ceiling:       g. Observing Procedures:       h. Observational Aids and Facilities:       i. General:       5. Other Comments:       |
| TOTAL CORRECTION OF MERCURY BAROMETER RELATIVE TO NWS PRIMARY STANDARD | BAROMETER NUMBER | TOTAL CORRECTION(From Block 56 on WS Form B-1) |
|       |       |
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 WS FORM 10-13-10
 (20-10)