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| WS FORM 10-13-10  **U.S. DEPARTMENT OF COMMERCE**  (20-10) NATIONAL OCEANIC AND ATMOSPHERIC AMINISTRATION  Ref: 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** | |
| |  |  | | --- | --- | |  |  | | **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](mailto: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)