

**FORM NO. 6**  
**[Prescribed Under Rule 22]**  
**Humidity Register**

**Department:**

**Hygrometer:**

**Position in Department:**

**Distinctive mark or number**

**Readings of Hygrometer**

Date, year month, day	Between 7 and 9 am	11am and 2 pm (but not in the rest period)	4 and 5.30 pm	If no humidity, insert none	Remarks
	Dry Wet	Dry Wet	Dry Wet		

**1 st.....**

**to 31 st.....**

**(Signed)**

**Certified that the above entries are correct**

**(Signed)**