W. B. FORM 612-14 (FORMERLY 1009) U. S. DEPARTMENT OF COMMERCE, WEATHER BUREAU (REVISED 1956)

# RECORD OF CLIMATOLOGICAL OBSERVATIONS

Station BAKER 9NNW

County SAN BERNARDINO

State CALIFORNIA

Time of observation (local time) if once daily 8 A.M., Month JULY, 1960

If at different times, temperature _____, precipitation _____ Standard time in use PD

PUNCHED 5

4-0437-7

| Date | TEMPERATURE °F 24 hrs. ending at observation Max. | Min. | At obsn. | PRECIPITATION — Draw a straight line (—) through hours precipitation was observed, and a waved line (~) through hours precip. probably occurred unobserved. A.M. NOON P.M. | 24-hr. amounts Rain, Melted snow, etc. (ins. & hundredths) | Snow, Sleet, Hail (ins. & tenths) | At obsn. Snow, Sleet, Hail, Ice on ground (inches) | WEATHER (CALENDAR DAY) Mark 'X' for all types occurring each day: Fog | Sleet | Glaze | Thunder | Hail | Damaging Wind | Time of Obsn. if different from the above | Important weather conditions not included in 'Weather' block; remarks, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 107 | 77 | 82 | | | | | | | | | | | | |
| 1 | 110 | 82 | 87 | | 0 | | | | | | | | | | |
| 2 | 110 | 78 | 86 | | 0 | | | | | | | | | | |
| 3 | 108 | 74 | 83 | | 0 | | | | | | | | | | |
| 4 | 106 | 74 | 85 | | 0 | | | | | | | | | | |
| 5 | 105 | 76 | 84 | | 0 | | | | | | | | | | |
| 6 | 107 | 76 | 85 | | 0 | | | | | | | | | | |
| 7 | 108 | 74 | 84 | | 0 | | | | | | | | | | |
| 8 | 110 | 81 | 88 | | 0 | | | | | | | | | | |
| 9 | 109 | 72 | 82 | | 0 | | | | | | | | | | |
| 10 | 105 | 72 | 82 | | 0 | | | | | | | | | | |
| 11 | 104 | 73 | 83 | | 0 | | | | | | | | | | |
| 12 | 106 | 73 | 82 | | 0 | | | | | | | | | | |
| 13 | 106 | 73 | 82 | | 0 | | | | | | | | | | |
| 14 | 110 | 74 | 82 | | 0 | | | | | | | | | | |
| 15 | 113 | 76 | 79 | | 0 | | | | | | | | | | |
| 16 | 115 | 79 | 84 | | 0 | | | | | | | | | | |
| 17 | 119 | 81 | 86 | | 0 | | | | | | | | | | |
| 18 | 120 | 84 | 91 | | 0 | | | | | | | | | | |
| 19 | 121 | 88 | 91 | | 0 | | | | | | | | | | |
| 20 | 116 | 86 | 94 | | 0 | | | | | | | | | | |
| 21 | 114 | 86 | 89 | | .07 | | | | | | | | | | |
| 22 | 113 | 79 | 85 | | 0 | | | | | | | | | | |
| 23 | 105 | 80 | 83 | | 0 | | | | | | | | | | |
| 24 | 110 | 81 | 89 | | 0 | | | | | | | | | | |
| 25 | 114 | 81 | 89 | | 0 | | | | | | | | | | |
| 26 | 114 | 87 | 90 | | 0 | | | | | | | | | | |
| 27 | 111 | 90 | 94 | | 0 | | | | | | | | | | |
| 28 | 111 | 82 | 88 | | 0 | | | | | | | | | | |
| 29 | 112 | 88 | 92 | | 0 | | | | | | | | | | |
| 30 | 112 | 85 | 87 | | 0 | | | | | | | | | | |
| 31 | 107 | 82 | 85 | | 0 | | 0 | | | | | | | | |
| Sum | | | | | 07 | 0 | X | | | | | | | | |
| Avg. | | | | | | | | | | | | | | | |
| Extreme | | | | | | | | | | | | | | | |

SET MIN 90

Observer R. S. Aiken

Post Office Box 7 Baker Calif 92312

Check ☐ when additional sheet is used for remarks

List forms or supplies needed _____

Station _____ Month _____, 19__