

Visual Meteor Observing Form

Date: ____ (Yr) ____ (Mon) ____ (Day) Begin: ____ h ____ m End: ____ h ____ m

Location: Long. = _____ W. Lat. = _____ N. Elevation = _____ m

Observer: _____ Place: _____

Percent Cloudy: __% @ __:__ __% @ __:__ __% @ __:__ __% @ __:__ __% @ __:__

Direction Facing & Altitude: _____ @ __:____ _____ @ __:____ _____ @ __:____

Sky Conditions: _____ @ __:____ _____ @ __:____

_____ @ __:____ _____ @ __:____

_____ @ __:____ _____ @ __:____

Breaks: _____

Comments: _____

Number	Time	Magnitude	Type	Color	Speed	Train	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Number	Time	Magnitude	Type	Color	Speed	Train	Comments
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