

Paranormal Investigators Form

ROOM DATA & INFORMATION FORM Sheet # _____

Room Name/Location: _____

Room Temperature Log time of reading (_____) _____ **Humidity** Log time of reading (_____) _____

EMF Readings (AC or DC) Log time of reading and location (in room)	Temperature Readings (Cold spots) Log time of reading and location (in room)	Electrical Field Readings Log time of reading and location (in room)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.

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RF Readings Log time of reading and location (in room)	Strange Feelings Log time of reading and location (in room)	Other Readings Log time of reading and location (in room)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.