

Maryland Paranormal Investigators Coalition

ROOM DATA & INFORMATION FORM #1

Room Name/Location: _____

Sheet # _____

Room Temperature

Log time of reading (_____)

Humidity

Log time of reading (_____)

EMF from Natural or Artificial Sources

Log time of reading and location (in room)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

Electric Field Readings

Log time of readings and location (in room)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

RF Readings

Log time of Reading and location (in room)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____
