

Paranormal Investigators Form

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. _____