

Paranormal Investigators Form

ROOM DATA & INFORMATION FORM #2

Room Name/Location: _____

Sheet # _____

Cold Spots

Log time of reading and location (in room)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

Strange "Feelings"

Log time. Include one to two word descriptions of feelings and sensations and location (in room).
Ex.: 11:45 PM, being watched, sec. 1B.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

Other Readings

Log time of Reading and location (in room)

Nature of Reading:

- _____
- _____
1. _____

 2. _____

 3. _____

 4. _____

 5. _____

 6. _____

 7. _____

 8. _____

 9. _____

 10. _____

 11. _____

 12. _____

 13. _____

 14. _____

 15. _____
