

# Investigation Log

<b>Location</b>	<b>Date</b>
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**History of Phenomena**

<b>Internal</b> <b>External</b>	<b>Start</b> <b>Finish</b>	
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**Investigators Present**

<b>Equipment</b>	Digital Camera <input type="checkbox"/>	Digital Video Camera with Night Vision <input type="checkbox"/>		EMF Meter <input type="checkbox"/>
	Dictaphone <input type="checkbox"/>	Digital Recorder <input type="checkbox"/>		Lap Top Computer <input type="checkbox"/>
	Thermometer (IR) <input type="checkbox"/>	Motion Sensors <input type="checkbox"/>		Dowsing Rods <input type="checkbox"/>
	Ouiji Board <input type="checkbox"/>	Pendulum <input type="checkbox"/>		

**Room/Area Plan(s) (attach sheets)**

Room/Area		Recorded Activity	Investigator(s)
1			
2			
3			
4			
5			

**Investigation Summary**