

Paranormal Investigation Checklist

This checklist can be used to track and better understand events that are occurring in a location. If working in a team, it is recommended that all team members complete a checklist once in daylight and at night. Some information can be completed only once as it will not change.

General Information:

Date of Assessment _____

Time of Assessment _____

Current Moon Phase _____

Age of location _____

Weather at Time of Assessment (select all that apply)

Cloudy Rainy Storming Dry Sunny Clear Unable to Determine

This location is a home business other

Number of occupants _____

This location has _____ adults _____ children

Number of animals at location _____

Types of animals at location _____

Recent Significant Events (death, illness, etc) _____

There is substance abuse at the location yes no unable to determine

Brief Description _____

There are heightened emotions/mental illness Yes No Unknown

Brief Description _____

Property Description _____

Outdoor Environment:

Direction the location is facing _____

The exterior of the house is (select all that apply)

Brick Rock Wood Masonite Siding Vinyl Aluminum Cement

The neighborhood is (select all that apply)

Quiet Noisy Secluded City Rural Old New Suburb Industrial

The immediate outdoor areas are (select all that apply)

Open Wooded Partially Wooded Hilly Mountainous Pasture Field Beach

Estimated Number of Trees Near House _____

There are trees visibly touching home yes no unable to determine

Location of trees touching home _____

There is a water feature on the property yes no unable to determine

Estimated distance of water from the location _____

Type of water located on property (select all that apply)

Stream Creek River Pond Lake Beach Waterfall Underground

There are large areas of stone or minerals on the property yes no

Types of stone/minerals on the property _____

Estimated distance of stone/minerals from the location _____

Indoor Environment:

Number of rooms in location _____

The lighting in the location is (select all that apply)

Bright Dim Dark Shadowy Flickering Electronic Firelight Other

The location uses central air conditioning Yes No

Estimated Age of Windows _____

The average temperature in the location is (select all that apply)

Warm Cold Drafty Varied Icy Clammy Uncomfortable

The vents in the location are located in (select all that apply)

the floor the ceiling on wall there are no vents

Number of fans in the location _____

The fans are (select all that apply)

Wall fans ceiling fans standing fans industrial fans no fans

The type of heating in the location is (select all that apply)

Electric gas space heaters wood burning other none

Baseline Measurements :

Areas of temperature variation _____

Possible Factors _____

Areas where a draft is noted _____

Areas of Light Variation _____

Possible Factors _____

There are windows facing a road yes no unable to determine

Number of windows facing road _____

There are areas of heightened EMF yes no unable to determine

Locations of heightened EMF _____

Radio Signals Detectable in Location

AM radio (select all that apply)

clear pulsing light static heavy static

FM radio (select all that apply)

Clear pulsing light static heavy static

There are religious items visible yes no unable to determine

Types of religious items _____

There are secondhand items visible yes no unable to determine

Brief description _____

There are metaphysical items in the home yes no unable to determine

Types of metaphysical items _____

There are occult items in the home yes no unable to determine

Types of occult items _____
