

## Site Visit Report

Initial Call Date \_\_\_\_\_ Case No \_\_\_\_\_  
 Site Visit Date \_\_\_\_\_ Investigation Date \_\_\_\_\_  
 Client Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

### Site information

Home  Business  Other  \_\_\_\_\_ Age/Date Built \_\_\_\_\_  
 General Condition \_\_\_\_\_ Recent upgrades to heating/plumbing system \_\_\_\_\_  
 Recent remodeling? Yes  No  Date Started \_\_\_\_\_ Date Done \_\_\_\_\_  
 Type of building material \_\_\_\_\_ Number of floors \_\_\_\_\_  
 Garage – Attached  Separate  Driveway/carport  Number of floors   
 Yard – Garden  Grass  Rock  Other \_\_\_\_\_

#### Cooling

#### Heating

<input type="checkbox"/> Floor Fans	<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Window Fans	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Furnace	<input type="checkbox"/> Space Heater
<input type="checkbox"/> Central Air	<input type="checkbox"/> Window Units	<input type="checkbox"/> Fire Place	<input type="checkbox"/> Wood Heater	<input type="checkbox"/> Wall Unit	

### Interior

Room	General condition	Avg. EMF	Avg. Temp
<input type="checkbox"/> Living Room	_____	_____	_____
<input type="checkbox"/> Dining Room	_____	_____	_____
<input type="checkbox"/> Kitchen	_____	_____	_____
<input type="checkbox"/> Family Room	_____	_____	_____
<input type="checkbox"/> Bathroom 1	_____	_____	_____
<input type="checkbox"/> Bathroom 2	_____	_____	_____
<input type="checkbox"/> Master Bedroom	_____	_____	_____
<input type="checkbox"/> Bedroom 1	_____	_____	_____
<input type="checkbox"/> Bedroom 2	_____	_____	_____
<input type="checkbox"/> Bedroom 3	_____	_____	_____
<input type="checkbox"/> Basement	_____	_____	_____
<input type="checkbox"/> Attic	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

## Pets

Type / Number	General Condition / Location
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Cats \_\_\_\_\_

\_\_\_\_\_

Dogs \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

## Atmospheric Conditions

The weather is
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Clear

Clearing

Dusty

Cloudy

Foggy

Rainy

Dry

Misty

Sunny

Damp

Humid

The wind is
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Still

Strong

Damp

Gentle

Shifting

Dry

Steady

Cold

Blowing from: \_\_\_\_\_

Gusty

Hot

Neighborhood is
-----------------

Pond

Desert

Transformer

River

Creek

Transmission Tower

Stream

Forest

Microwave Tower

Well

Factory

Radio Station

Spring

Highway

Cemetery

Swamp

Railway

Lake

Mountain

Field

Power Station

Landscaping is
----------------

Open

Wooded

Granite

Hilly

Boulders

Quartz

Mountainous

Large Rocks

Fountain

Level

Gravel

Spa

Pasture

River rock

Pool

Field

Flagstone

Landscaped

Fieldstone

