



**The wind is**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Still  | <input type="checkbox"/> Strong   | <input type="checkbox"/> Damp                |
| <input type="checkbox"/> Gentle | <input type="checkbox"/> Shifting | <input type="checkbox"/> Dry                 |
| <input type="checkbox"/> Steady | <input type="checkbox"/> Cold     | <input type="checkbox"/> Blowing from: _____ |
| <input type="checkbox"/> Gusty  | <input type="checkbox"/> Hot      |  |

**Equipment**

Equipment	Operator	Brand / Model
Audio	_____	_____
Video	_____	_____
Photo	_____	_____
EMF	_____	_____
Temperature	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

**Baseline Readings**

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	_____	_____	_____
<input type="checkbox"/> Bathroom	_____	_____	_____
<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 _____	_____	_____	_____



