Investigator Field Report

Case No / Name_____ Investigation Date_____

Investigator_____ Role_____

Start Time: _____ End Time: _____

Initial Impressions

Pre-Investigation Thoughts/Feelings

Equipment

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

Personal Experiences

Time / Location	Experience / Witness

Closing Impressions

Post Investigation Thoughts/Feelings

Evidence Collected

Equipment	Type of Evidence	Description (time code)

Client Recommendations