


# PRE INVESTIGATION CHECKLIST

## Environmental

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Started \_\_\_\_\_ Time Ended \_\_\_\_\_

Moon Phase  \_\_\_\_\_ Sunset \_\_\_\_\_ Moon Rise \_\_\_\_\_ Moon Set \_\_\_\_\_

Current Temp \_\_\_\_\_ °F Current Conditions \_\_\_\_\_

High/Low Temp for Current Day \_\_\_\_/\_\_\_\_ °F

Humidity \_\_\_\_\_% Dew Point \_\_\_\_\_% Barometer \_\_\_\_\_ (Inches) Rising/Falling ↑ ↓

Wind \_\_\_\_\_ (MPH) Gusts \_\_\_\_\_ (MPH) From \_\_\_\_\_

Forecast for next few hours \_\_\_\_\_

Observations (precipitation, wind direction change, gusts, etc.) \_\_\_\_\_

Cloud Cover: None Light Moderate Heavy Other: Rain Snow Fog/Mist Smoke Lightning

Geomagnetic Activity: Normal Active Storm

Solar Flares: Y N Flare Class: B C M X

Flare Sub-class: 1 2 3 4 5 6 7 8 9

Solar X Rays: Normal Active Storm

Radioactivity: Y N \_\_\_\_\_ Static Electrical Charges: Y N

Dew Point: \_\_\_\_\_ degrees Solar Wind Speed: \_\_\_\_\_ km/sec. Density: \_\_\_\_\_ protons cm<sup>3</sup>

Active Sunspots: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Interplanetary Magnetic Field: \_\_\_\_\_ nT

Sunrise: \_\_\_\_\_ Visibility (ceiling): \_\_\_\_\_ miles

Longitude: \_\_\_\_\_ Latitude: \_\_\_\_\_

UV Radiation Index #: \_\_\_\_\_ (0 None 1-2 Low 3-4 Medium 5-6 High 7-9 Very High)

## Equipment

### IR Cameras

1. Brought up to room temperature for 1 hour?
2. Lenses cleaned?
3. Documentation photos of camera views and area behind camera location documented?
4. Are cameras, monitor, and recorder working correctly?

### Mini DVD/Hi-8

<i>Brand/Model/User</i>	<i>Y/N</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

1. Batteries changed prior to use?
2. Battery status checked through viewfinder?
3. Is the time and date correct?
4. Were lenses cleaned?
5. Are fresh tapes or discs used?
6. Are discs formatted?

## Digital Cameras

*Brand/Model/User*

1 2 3 4 5 6 7 8


1. Are batteries new? Charged? (Place \* if rechargeable)
2. Is time and date correct?
3. Was battery status verified?
4. Was a new media card used?
5. If new, was media card formatted? (N/A if #4 is no)
6. Number of photos remaining on card at start
7. Was lens cleaned?
8. Does operator understand flash and speed settings? Does operator understand to keep camera strap around wrist or remove it completely? Also, reminder to keep fingers behind camera!

**EMF Detectors**

*Model/User*

*1 2 3*


1. Are the batteries fresh? (Use \* if rechargeable)
2. Is the unit operating normally? (Test area with multiple detectors)
3. Does operator understand measurement readings and settings (if applicable)?

**Digital Recorders**

*Brand/Model/User*

*1 2 3 4 5 6 7*


1. Are fresh batteries used? (Use \* if rechargeable)
2. Was battery status notated?
3. Is the time and date correct?

4. Which folders will be used? (A, B, C, D)
5. Are folders that will be used currently empty?
6. Will external microphone be used?
7. Does operator understand how to switch folders, recording strength, etc.?

**Flashlights**

- Are new batteries used?
- Are rechargeable batteries used?

**Physical**

Are there any constant or consistent outside noises? (Dogs barking, birds, cars, airplanes, music, etc.)

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Are there any constant or consistent inside noises? (Heater, air conditioning, sump pump, animals, washer/dryer, etc.) Document all times on investigator notes. Be sure to remind Command Center Duty person to keep constant track.

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Is the overall physical health status of clients and investigators ok to attempt investigation? (Note any possible observations)

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Completed by \_\_\_\_\_ Date/Time \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_