


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 cm³

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	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.)

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.

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

Completed by _____ Date/Time _____/_____/_____