

Case No: \_\_\_\_\_  
 Investigation Date: \_\_\_\_\_

Client: \_\_\_\_\_  
 Equipment Tech: \_\_\_\_\_

# McInville Paranormal

## Equipment Accountability Form

Investigator: \_\_\_\_\_ Investigation Role: \_\_\_\_\_

Date / Time Out: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ AM / PM

Date / Time In: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ AM / PM

Equipment	Condition Out	Initial	Condition In	Initial

Investigator Signature: \_\_\_\_\_

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