

Case No: \_\_\_\_\_

Client: \_\_\_\_\_

Investigation Date: \_\_\_\_\_

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

**S.P.I.A.**

SPIRITUAL PARANORMAL INVESTIGATORS of ARIZONA

**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: \_\_\_\_\_

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

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

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

Equipment	Condition Out	Initial	Condition In	Initial

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

# S.P.I.A.

SPIRITUAL PARANORMAL INVESTIGATORS of ARIZONA

## 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: \_\_\_\_\_  
\_\_\_\_\_

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

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

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Equipment	Condition Out	Initial	Condition In	Initial

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

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

Equipment	Condition Out	Initial	Condition In	Initial

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Equipment	Condition Out	Initial	Condition In	Initial

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