

# AGHOST Walkthrough Report

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case # \_\_\_\_\_

Property Owners: \_\_\_\_\_

Team Lead: \_\_\_\_\_

Team members on site:


Was anything changed prior to the investigation? \_\_\_\_\_

\_\_\_\_\_

EMF baseline: YES / NO Results: \_\_\_\_\_

\_\_\_\_\_

HIGH EMF areas:


EMF near beds: YES / NO Results: \_\_\_\_\_

Radon Gas test: YES / NO Results: \_\_\_\_\_

Methane Gas test: YES / NO Results: \_\_\_\_\_

Air Quality test: YES / NO Results: \_\_\_\_\_

Ion test: YES / NO Results: \_\_\_\_\_

Geiger test: YES / NO Results: \_\_\_\_\_

Carbon Monoxide test: YES / NO Results: \_\_\_\_\_

Wood Stove or Chimney? YES / NO Gas furnace or gas stove? YES / NO

Is air-freshener being used on the property? YES / NO