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## SPI EVP SESSION LOG

Recording Context & Question Log

Record the session setup, questions, timings and any sounds or movements that could affect later audio review.

Describe what happened during the recording without assuming a paranormal cause.

### 1 SESSION DETAILS

Venue / Location

Area / Room

Date

Session start

Session end

Investigator completing sheet

Others present

### 2 RECORDING EQUIPMENT

Recorder / device

Recorder position

Microphone

☐ Built-in ☐ External ☐ Other

Recording format

☐ WAV ☐ MP3 ☐ Other ☐ Unknown

Recording file / reference

### 3 RECORDING CONDITIONS

Doors / windows

☐ Open ☐ Closed ☐ Mixed / changed ☐ Not applicable

Lighting

☐ Normal ☐ Low ☐ Dark ☐ Torch

Known background sounds or disturbances

Examples: traffic, heating, voices elsewhere, animals, wind, pipes, equipment hum or activity outside the room.

Anything nearby likely to affect the recording

### 4 BASELINE AUDIO CHECK

Baseline recording made?

☐ Yes ☐ No

Approx. duration

Known / recurring sounds identified

### 5 SESSION METHOD

Session type

☐ Standard EVP ☐ Questions with pauses ☐ Silent listening ☐ Other

Approx. pause between questions

seconds

Agreed instructions before recording

#### Recording reminder

Avoid whispering where possible. If someone speaks, moves or handles equipment, note the approximate time on the log page.



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## SPI EVP SESSION LOG

Repeatable Question & Sound Log

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Venue / Location     | Area / Room          | Date                 | Recording ref.       |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                                             |                                               |                                                       |
|---------------------------------------------|-----------------------------------------------|-------------------------------------------------------|
| LOG ENTRY                                   | Time                                          | <input type="text"/>                                  |
| Question / prompt                           |                                               |                                                       |
| <input type="text"/>                        |                                               |                                                       |
| What happened afterwards?                   |                                               |                                                       |
| <input type="text"/>                        |                                               |                                                       |
| Possible contamination / known sound source |                                               |                                                       |
| <input type="checkbox"/> None               | <input type="checkbox"/> Talking / whispering | <input type="checkbox"/> Movement / footsteps         |
| <input type="checkbox"/> Sound elsewhere    | <input type="checkbox"/> Other                | <input type="checkbox"/> Equipment handling           |
| <input type="checkbox"/> Live?              | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                           |
| <input type="checkbox"/> File time / ref.   | <input type="checkbox"/> Unsure               | <input type="checkbox"/> Clothing / breathing / cough |
| <input type="text"/>                        |                                               |                                                       |

|                                             |                                               |                                                       |
|---------------------------------------------|-----------------------------------------------|-------------------------------------------------------|
| LOG ENTRY                                   | Time                                          | <input type="text"/>                                  |
| Question / prompt                           |                                               |                                                       |
| <input type="text"/>                        |                                               |                                                       |
| What happened afterwards?                   |                                               |                                                       |
| <input type="text"/>                        |                                               |                                                       |
| Possible contamination / known sound source |                                               |                                                       |
| <input type="checkbox"/> None               | <input type="checkbox"/> Talking / whispering | <input type="checkbox"/> Movement / footsteps         |
| <input type="checkbox"/> Sound elsewhere    | <input type="checkbox"/> Other                | <input type="checkbox"/> Equipment handling           |
| <input type="checkbox"/> Live?              | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                           |
| <input type="checkbox"/> File time / ref.   | <input type="checkbox"/> Unsure               | <input type="checkbox"/> Clothing / breathing / cough |
| <input type="text"/>                        |                                               |                                                       |

|                                             |                                               |                                                       |
|---------------------------------------------|-----------------------------------------------|-------------------------------------------------------|
| LOG ENTRY                                   | Time                                          | <input type="text"/>                                  |
| Question / prompt                           |                                               |                                                       |
| <input type="text"/>                        |                                               |                                                       |
| What happened afterwards?                   |                                               |                                                       |
| <input type="text"/>                        |                                               |                                                       |
| Possible contamination / known sound source |                                               |                                                       |
| <input type="checkbox"/> None               | <input type="checkbox"/> Talking / whispering | <input type="checkbox"/> Movement / footsteps         |
| <input type="checkbox"/> Sound elsewhere    | <input type="checkbox"/> Other                | <input type="checkbox"/> Equipment handling           |
| <input type="checkbox"/> Live?              | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                           |
| <input type="checkbox"/> File time / ref.   | <input type="checkbox"/> Unsure               | <input type="checkbox"/> Clothing / breathing / cough |
| <input type="text"/>                        |                                               |                                                       |

|                                             |                                               |                                                       |
|---------------------------------------------|-----------------------------------------------|-------------------------------------------------------|
| LOG ENTRY                                   | Time                                          | <input type="text"/>                                  |
| Question / prompt                           |                                               |                                                       |
| <input type="text"/>                        |                                               |                                                       |
| What happened afterwards?                   |                                               |                                                       |
| <input type="text"/>                        |                                               |                                                       |
| Possible contamination / known sound source |                                               |                                                       |
| <input type="checkbox"/> None               | <input type="checkbox"/> Talking / whispering | <input type="checkbox"/> Movement / footsteps         |
| <input type="checkbox"/> Sound elsewhere    | <input type="checkbox"/> Other                | <input type="checkbox"/> Equipment handling           |
| <input type="checkbox"/> Live?              | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                           |
| <input type="checkbox"/> File time / ref.   | <input type="checkbox"/> Unsure               | <input type="checkbox"/> Clothing / breathing / cough |
| <input type="text"/>                        |                                               |                                                       |