



Location Fact Sheet 8102

PRODUCTION _____ **NO.** _____

LOCATION NAME		LOCATION	CONTACT
SCENE NUMBERS		ADDRESS	ADDRESS
No. of Pages	<input type="checkbox"/> DAY <input type="checkbox"/> INT <input type="checkbox"/> NITE <input type="checkbox"/> EXT	PHONE	PHONES

AVAILABILITY (times & days) <table border="1"> <tr> <th>No. of days Needed</th> <th>Dates Needed</th> <th>Dates Secured</th> </tr> <tr> <td>Prep:</td> <td></td> <td></td> </tr> <tr> <td>Shoot:</td> <td></td> <td></td> </tr> <tr> <td>Wrap:</td> <td></td> <td></td> </tr> </table>			No. of days Needed	Dates Needed	Dates Secured	Prep:			Shoot:			Wrap:			DISTANCE FROM PRODUCTION OFFICE miles _____ minutes _____		SUPPORT NEEDS <input type="checkbox"/> Police <input type="checkbox"/> Firemen <input type="checkbox"/> Guards <input type="checkbox"/>
No. of days Needed	Dates Needed	Dates Secured															
Prep:																	
Shoot:																	
Wrap:																	
SECURED <input type="checkbox"/> Contract <input type="checkbox"/> Copy Filed <input type="checkbox"/>			<input type="checkbox"/> Insurance <input type="checkbox"/> Copy Filed <input type="checkbox"/> Key <input type="checkbox"/> Extra key														

FACILITIES <input type="checkbox"/> Restrooms <input type="checkbox"/> Eating Area <input type="checkbox"/> Makeup <input type="checkbox"/> Wardrobe <input type="checkbox"/> Actor's Area <input type="checkbox"/> Secure Storage <input type="checkbox"/> Prod. Staff Area <input type="checkbox"/> Equipment Area	LOCATION	PARKING <input type="checkbox"/> Grip Truck <input type="checkbox"/> Camera Truck <input type="checkbox"/> Campers <input type="checkbox"/> Staff Cars <input type="checkbox"/> Picture Cars <input type="checkbox"/> Generator <input type="checkbox"/> Vans (prop, sound, etc.)	LOCATION
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DESCRIPTION OF LOCATION SIZE of ACCESS DOOR: _____ CEILING HT.: _____ WALL FINISHES: CEILING: FLOOR: NATURAL LIGHT: PRACTICALS:	ELECTRICAL DISTRIBUTION <input type="checkbox"/> BOX AVAILABLE Phase _____ Circuits _____ Amps _____ Volts _____ Distance from set _____ ft. <input type="checkbox"/> METER LOOP NEEDED <input type="checkbox"/> INSTALLED Phase _____ Amps _____ Volts _____ Distance from set _____ ft. From loop to transformer _____ ft. <input type="checkbox"/> Are room outlets grounded? YES NO
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SOUND ENVIRONMENT	WRAP PLANS
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SPECIAL PROBLEMS / LIMITATIONS	REQUIRED CONSTRUCTION / SET DRESSING
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<input type="checkbox"/> ROOM PLAN on back <input type="checkbox"/> ROUTE MAP on back	Indicate compass direction on both	LOCATION MANAGER: LOCATION SCOUT:	DATE
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