

Location Fact Sheet

PRODUCTION _____ NO. _____ DATE _____

| | | | |
|---------------|---|----------|---------|
| 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) | | | DISTANCE FROM PRODUCTION OFFICE | | SUPPORT NEEDS | |
| No. of days Needed | Dates Needed | Dates Secured | miles | minutes | | |
| Prep: | | | <input type="checkbox"/> SECURED | <input type="checkbox"/> Insurance | <input type="checkbox"/> Police | |
| Shoot: | | | <input type="checkbox"/> Contract | <input type="checkbox"/> Copy Filed | <input type="checkbox"/> Firemen | |
| Wrap: | | | <input type="checkbox"/> Copy Filed | <input type="checkbox"/> Key | <input type="checkbox"/> Guards | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> Extra key | <input type="checkbox"/> | |

| | | | | | |
|---|--|----------|---|--|----------|
| FACILITIES | | LOCATION | PARKING | | LOCATION |
| <input type="checkbox"/> Restrooms | | | <input type="checkbox"/> Grip Truck | | |
| <input type="checkbox"/> Eating Area | | | <input type="checkbox"/> Camera Truck | | |
| <input type="checkbox"/> Makeup | | | <input type="checkbox"/> Campers | | |
| <input type="checkbox"/> Wardrobe | | | <input type="checkbox"/> Staff Cars | | |
| <input type="checkbox"/> Actor's Area | | | <input type="checkbox"/> Picture Cars | | |
| <input type="checkbox"/> Secure Storage | | | <input type="checkbox"/> Generator | | |
| <input type="checkbox"/> Prod. Staff Area | | | <input type="checkbox"/> Vans (prop, sound, etc.) | | |
| <input type="checkbox"/> Equipment Area | | | | | |

| | | | |
|---|--|---|--|
| DESCRIPTION OF LOCATION | | ELECTRICAL DISTRIBUTION | |
| SIZE of ACCESS DOOR: _____ CEILING HT.: _____ | | <input type="checkbox"/> BOX AVAILABLE Phase _____ | |
| WALL FINISHES: | | Circuits _____ Amps _____ Volts _____ | |
| CEILING: | | Distance from set _____ ft. | |
| FLOOR: | | <input type="checkbox"/> METER LOOP NEEDED <input type="checkbox"/> INSTALLED | |
| NATURAL LIGHT: | | Phase _____ Amps _____ Volts _____ | |
| PRACTICALS | | Distance from set _____ ft. | |
| | | From loop to transformer _____ ft. | |
| | | <input type="checkbox"/> Are room outlets grounded? YES NO | |

| | |
|-------------------|------------|
| SOUND ENVIRONMENT | WRAP PLANS |
| | |

| | |
|--------------------------------|--------------------------------------|
| SPECIAL PROBLEMS / LIMITATIONS | REQUIRED CONSTRUCTION / SET DRESSING |
| | |

ROOM PLAN on back Indicate compass LOCATION MANAGER:

ROUTE MAP on back direction on both LOCATION SCOUT:

Unit Manager's Worksheet

PRODUCTION _____ **NO.** _____ **DATE** _____

FIRST UNIT SECOND UNIT **DIRECTOR** _____ **UNIT MANAGER** _____

SET _____ **NO.** _____ **SCENE NOS.** _____

LOCATION ADDRESS _____ **CONTACT** _____ **PHONE** _____

Rain or shine Weather permitting EMERGENCY NO.:
 ALTERNATE PLANS:

Expected Days
Weather:

TRANSPORTATION PLANS Transportation Captain _____ cars
 CAST: _____ busses
 CREW: _____ trucks
 EQUIPMENT: _____ drivers

PHONE NOS.
 Prod. Off. _____
 Hospital _____
 Doctor _____
 Taxi _____
 Police _____

MEALS no. of:
 _____ Staff
 _____ Cast
 _____ Crew
 _____ Extras
 _____ Drivers
 _____ Local help
 _____ TOTAL

FOOD Qty. **LUNCH**
 Coffee _____ Packed Lunch
 Donuts _____ Catered
 Hot Chocolate _____ Restaurant
 Soft Drinks _____ Bring their own
 Snacks _____
 Cups, Plates, Napkins, Silverware _____
 Refrigeration Required _____

TIME AND PLACE:
 SPECIAL CREW REQUIREMENTS:
 VEGETARIANS no. _____

REQUIRED FACILITIES LOCATION / NOTES
 Restrooms
 Dressing Rooms
 Rest Area
 Wardrobe Space & Racks
 Makeup Room & Tables
 Projection Room
 Tables & Chairs
 Overnight Accommodations

COMMUNICATIONS
 Telephone
 Walkie-Talkie
 P.A. System
 Radio contact w/ studio

FIRST AID
 First Aid Kit
 Nurse
 Doctor
 Ambulance

CROWD CONTROL PLAN:

TRAFFIC CONTROL PLAN:

CHECK ON
 Licenses
 Police Permits
 Additional AD's
 Identification Cards
 Insurance & Taxes
 Child Labor Laws
 Airline Schedules

MISCELLANEOUS
 Route Maps issued
 Call Sheets distributed
 Releases signed
 Time Cards filled out
 Expenses logged
 Film & Reports shipped

 Film Crates & Labels
 Production Forms
 Extra Film Scripts

 Electrical Hookups
 Worklights needed

ANIMAL CARE
 Cages Wrangler
 Food Restroom

| PERSONNEL | NAME | PHONE | DOONSET | NOTES |
|--|------|-------|---------|-------|
| <input type="checkbox"/> Child Attendant | | | | |
| <input type="checkbox"/> Interpreter | | | | |
| <input type="checkbox"/> Wrangler | | | | |
| <input type="checkbox"/> Security | | | | |
| <input type="checkbox"/> Special Effects | | | | |
| <input type="checkbox"/> Drivers | | | | |
| <input type="checkbox"/> Cleanup Crew | | | | |
| <input type="checkbox"/> Unit Publicist | | | | |
| <input type="checkbox"/> | | | | |


