



LOCATION WORKSHEET

Attach Location Map

Production Company: _____ Office Phone: _____
 Production Title: _____ Episode No: _____
 Locations Manager: _____ Phone: _____
 Location: _____ Date(s): _____
 Move in Time: _____ Start Time: _____ End Time: _____ Move out Time: _____
 Curfew extension required: Yes No No. of crew on location: _____

Scenes to be Filmed

Include detailed description and requirements of scenes (a separate page may be used to replace this section)

SPFX & Misc.

Guns/Gunfire Yes No Stunts Yes No Rain/Snow Yes No
 No. of Picture Vehicles: _____ Animals Yes No Fire and/or Explosion Yes No
 Other _____ Extras _____

Traffic Control/Road Closures (List with times and dates)

Street/Lane _____ Time/Date _____
 (specify and name)
 Sidewalk _____ Time/Date _____
 (specify which)

Lighting

Include equipment positions, area to be illuminated, type of light, ancillary equipment (stands, cranes, reflectors, etc.) Include positions on map and attach.

Cameras

Include equipment positions, ancillary equipment (tripod, dolly tracks, cranes, etc) Include positions on map and attach.
