



CALL TIME _____

Production Name: _____

DAY/DATE _____

Producer: _____

Production #: _____

Director: _____

Day ___ of ___ Days. <> Sunrise ___ Sunset ___

Asst. Dir: _____

Weather: _____ High ° Low °

TO REPORT A SAFETY ISSUE OR CONCERN PLEASE EMAIL
HELPLINE
dfmsafety@gmail.com

No Cast or Crew member may work more than 12 hours (including drive time, set-ups and wrap)

INT/E XT	SET / DESCRIPTION	SCENE #'s	CAST	D/N	PG CNT	LOCATION

POSITION	NAME	CALL	POSITION	NAME	CALL

#	CHARACTER	CAST (K?)	CALL TIME	REPORT TO	READY @

ATMOSPHERE	STAND-INS	CALL	SET REQUIREMENTS(edit needs as req):
{Description and Count}			Props: @
			Wardrobe: @
			HMU: @
			Additional Special: @



MISCELLANEOUS AND SPECIAL INSTRUCTIONS (ie Parking, Location, COVID Instructions, Additional Safety Notes):

NEAREST HOSPITAL:

ADVANCED SCHEDULE:

SIGNS: DIR OR PROD: _____ 1ST AD: _____ HoPA /APoA: _____

REV 06/2022