

# LOCATION FACT SHEET

PROJECT TITLE: \_\_\_\_\_

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PROD. #

DIRECTOR

PRODUCER

LOCATION MANAGER

LOCATION INFO		SCENE
Script Location Name _____	Location _____	Number(s): _____ _____
Contact Name _____	Address _____ _____	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Interior <input type="checkbox"/> Exterior
Telephone _____	_____ _____	

AVAILABILITY	DISTANCE FROM PRODUCTION OFFICE
No. of Days Needed _____	Minutes _____
Dates Needed _____	

FACILITIES	PARKING
<input type="checkbox"/> Restrooms <input type="checkbox"/> Eating Area <input type="checkbox"/> Makeup <input type="checkbox"/> Wardrobe	<input type="checkbox"/> Grip Truck <input type="checkbox"/> Camera Truck <input type="checkbox"/> Campers <input type="checkbox"/> Cast & Crew Cars
<input type="checkbox"/> Actor's Area <input type="checkbox"/> Secure Storage <input type="checkbox"/> Production Staff <input type="checkbox"/> Equipment	<input type="checkbox"/> Picture Cars <input type="checkbox"/> Generators <input type="checkbox"/> Vans (Prop, Sound, etc.)

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DESCRIPTION OF LOCATION	ELECTRICAL DISTRIBUTION
Size of Access Door: _____ Ceiling Height: _____ Wall Finishes: _____ Ceiling: _____ Floor: _____ Natural Light: _____ Practicals: _____	<input type="checkbox"/> Box Available      Phase: _____      Circuits: _____ Volts: _____      Amps: _____ Distance from set: _____  <input type="checkbox"/> Meter Loop Needed <input type="checkbox"/> Installed      Phase: _____ Volts: _____      Amps: _____ Distance from set: _____  Distance from Loop to Transformer: _____  Are Room Outlets Grounded?: <input type="checkbox"/> Yes <input type="checkbox"/> No

SOUND ENVIRONMENT	SPECIAL PROBLEMS

Room Plan Attached       Route Map Attached

\_\_\_\_\_  
Location Manager

\_\_\_\_\_  
Location Scout