LOCAL 705 IATSE

818.487.5655 PHONE
818.487.5663 FAX

PRODUCTION REPORTING FORM

NAME OF SHOW: _____ TODAY'S DATE_____

NAME(S) OF PRODUCTION COMPANY: _____

ADDRESS OF PRODUCTION COMPANY : _____

_____

PRODUCTION OFFICE PHONE:_____ FAX _____

COSTUME DEPARTMENT PHONE: _____ FAX: _____

COSTUME DEPARTMENT ADDRESS: _____

_____

NAME OF UPM/PM/LINE PROD.: _____
APPROXIMATE DATES:

PREP: _____ TO _____ SHOOT: _____ TO _____ WRAP: _____ TO _____

YOUR NAME: _____ START DATE: _____ JOB CLASS: _____

CONTRACT COVERING PRODUCTION
1) STUDIO BASIC ☐ 2) EPISODIC ☐ 3) VIDEOTAPE ☐ 4) MOW ☐ 5) BSI ☐ 6) LIVE TV ☐ 7) OTHER ☐

CREW: LIST ALL, INCLUDING DESIGNER, SUPERVISOR AND CUSTOM MADE

NAME	JOB CLASSIFICATION	JOB DESCRIPTION	START DATE

PLEASE USE ADDITIONAL PAPER IF NEEDED.

IF CUSTOM-MADE OR ALTERATIONS ARE BEING DONE AT A COSTUME HOUSE OR OTHER OUTSIDE FACILITY, PLEASE LIST HERE: _____

IS HEAD OF WORKROOM MFP? _____ NAME: _____