

LOCATION SCOUTING FORM

Production Title: _____ Director/Producer: _____

INTERIOR or EXTERIOR DAY or NIGHT SCENE #s _____

Location Name and Address: _____

Contact Name and Phone: _____

Permission Requirements: _____

Availability (days/times) _____

Parking: _____ Rest Rooms: _____

Equip. Staging and Secure Storage: _____

Closest Police Station: _____ Closest Hospital: _____

Potential Safety Hazards (objects, materials, structure, etc.): _____

Ambient and Available Light (windows, practicals, etc.): _____

Power Capacity, Access and Distribution: _____

Ambient Sound and Acoustics: _____

The Look (observations on physical space, backgrounds, colors, set detail, etc.):

Photos or overheads attached