



FILM INDUSTRY SPECIAL EFFECTS REPORT

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SECTION 1: TO BE COMPLETED BY THE PRODUCTION COMPANY

FILMING DATE	TIME FROM	TIME TO (APPROX)
COMPANY NAME		
PHONE NUMBER		
BUSINESS ADDRESS		
PRODUCTION NAME		
LOCATION ADDRESS		
COB CONTACT		
FILM CONTACT NAME		
PYROTECHNIC NAME		
LICENSE & EXPIRY DATE	MSDS ENCLOSED Yes No	
DESCRIPTION OF EVENT Include Fire Protection Plan (ie. 3 abc extinguishers, 2 attendants, 1 ¾" hose with water truck, etc.)		

SECTION 2: TO BE COMPLETED BY THE FILM OFFICE

INTERNAL ORDER NUMBER	FILM APPLICATION SUBMITTED Yes No
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SECTION 3: TO BE COMPLETED BY THE BURNABY FIRE DEPARTMENT

START TIME	END TIME
PLEASE TYPE OR SELECT APPARATUS FROM DROPDOWN (IE. ENGINE 24)	
LIST THE PERSONNEL DEPLOYED:	LIST THE PERSONNEL DEPLOYED:

PLEASE FORWARD TO ADMINISTRATIVE ASSISTANT UPON COMPLETION