

DOCUMENTARY CALL SHEET

TITLE: _____ PRODUCER: _____

PROD #: _____ DIRECTOR: _____

SHOOTING DAY/DATE: _____ ASST DIR: _____

LOCATION: _____ PHONE: _____

_____ CONTACT: _____

NEAREST HOSPITAL: _____ PHONE: _____

ACCIDENT/ INJURY ON SET CALL Production Coordinator

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

	POSITION	PHONE	CALL	WRAP

TALENT	PHONE	CALL	WRAP

EQUIPMENT	VENDOR	PHONE	CONTACT

Assistant Director: _____

Production Manager: _____