



# 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		
FILM CONTACT NAME		
PYROTECHNIC NAME		
LICENSE & EXPIRY DATE	MSDS ENCLOSED Yes      No	MAP 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 BURNABY FIRE DEPARTMENT - FIRE PREVENTION DIVISION

SITE VISIT Yes      No	SITE VISIT DATE
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## SECTION 4: TO BE COMPLETED BY THE BURNABY FIRE DEPARTMENT - FIRE SUPPRESSION DIVISION

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

**\*PLEASE FORWARD TO ADMINISTRATIVE ASSISTANT UPON COMPLETION\***