

FILM CAMERA REPORT

Laboratory: Page # _____ of _____

Prod. Co.:

Prod. Title:

Director:

D.P.:

1st AC:

2nd AC:

Loader:

Date:

Prod. #:

Camera:

Mag #:

Roll #:

Footage:

Film Type:

Emulsion #:

SCENE	TAKE	DIAL	FEET	LENS	T-STOP	REMARKS

<input type="checkbox"/> 16mm	<input type="checkbox"/> Super 16mm	<input type="checkbox"/> 35mm	<input type="checkbox"/> Color	<input type="checkbox"/> B & W	Good		
<input type="checkbox"/> Process Normal	<input type="checkbox"/> One Light Print	<input type="checkbox"/> Best Light Print	_____ — _____ — _____			No Good	
<input type="checkbox"/> Prep for Video Transfer	<input type="checkbox"/> Time to Gray Card	<input type="checkbox"/> Timed Workprint				Waste	
<input type="checkbox"/> Special Developing	<input type="checkbox"/> Time to These Lights					SE	
<input type="checkbox"/> Other						Total	

COMMENTS
