

ACTRA

PERFORMER WORK REPORT

ON-CAMERA ()
OFF-CAMERA ()

SHOOTING LOCATION :

CREW CALL :

PRODUCTION TITLE:				DAY:		PRODUCTION COMPANY:										DATE:				
ACTRA OR WORK PERMIT NO.	PERFORMER NAMES	CATE - GORY P, A, S*	S / W F / H TR / R * * *	CALL TIME	TRAVEL TO:		MAKE-UP WARDROBE:		SET TIME	FIRST MEAL		SECOND MEAL		WRAP TIME	TRAVEL FROM:		STUNT ADJUST - MENT	KM	PERF. INITIAL	PROD. INITIAL
					START	FINISH	START	FINISH		START	FINISH	START	FINISH							

CATEGORY: * P PRINCIPAL
 A ACTOR

S STUNT ** S START
SI STAND IN W WARDROBE

F FINISH TR TRAVEL
H HOLD R REHEARSAL

ORIGINAL TO: ACTRA
1 COPY TO THE: ENGAGER

CHECK APPROPRIATE BOX: LIP SYNC () POST SYNC () NARRATION () ADR () ANIMATION ()

***** PLEASE CALL THE LOCAL ACTRA OFFICE PRIOR TO POST PRODUCTION *****