

Student Name

Year of Study

Student ID

Contact Email

Production Name

Role on Production

Course Code

Assignment ID

Professor

Production Dates

Crew List

Cast List

LOCATION REQUEST

- If you are requesting a location, use this space below to provide details. Include a map in your email if your location is in the City of North Bay or on a Canadore Campus.

The City of North Bay must be notified if you plan to shoot on City property - once completed, send this form to your assignment Professor and filming@northbay.ca Unsure of who owns the property? Find out first - ask your Professor how.

Requests to shoot on City property must be submitted 7 days prior to the shoot date.

Shooting on any Canadore Campus, indoors or outside, contact security@canadorecollege.ca

For Canadore Room Requests, contact room.schedule@canadorecollege.ca

For Canadore Lounge Requests contact Kim.Hamilton@canadorecollege.ca

RISK ASSESSMENT

Please indicate all risks associated with your production by checking all applicable boxes.

<input type="checkbox"/> Stunts (talk to Prof)	<input type="checkbox"/> Hazer (INTs- Mon - Fri 8am - 4pm.) • Facilities must approve	<input type="checkbox"/> Filming after 8:30pm Monday - Friday
<input type="checkbox"/> Weapons (of any kind)	<input type="checkbox"/> Special Equipment (jib, rented equipment etc)	<input type="checkbox"/> Filming on weekends
<input type="checkbox"/> Police/Security Uniform	<input type="checkbox"/> Obstruction of Pedestrian Traffic (sidewalks/hallways)	
<input type="checkbox"/> Shouting/Screaming/Running	<input type="checkbox"/> Moving Vehicles (including cars, boats, bikes, etc)	

Not Applicable: This production does not involve risk associated actions - this form is a Location Request only.

Use the text box below to describe the scene and your safety plan for each risk checked above. Send the completed form to your course Professor for approval and to Canadore’s Health & Safety Department for final submission.
Kimberly.Forsyth@canadorecollege.ca and Krysta.Warkentin@canadorecollege.ca

THIS FORM MUST BE SUBMITTED AT LEAST 48 HOURS (2 School Days) PRIOR TO YOUR SHOOT DATE

Security Approval

Name

Professor Approval

Name

I agree to follow safety regulations and precautions as communicated to me by Campus Security and my Professors.

SignDate