



Motion Picture/Television

Film Camera Report

Laboratory						
Date				Sheet	of	
Course Name and Number						
Section	Group		Instructor/Mentor			
Prod. #	Prod. Title					
Director				D.P.		
1 st AC	2 nd AC		Loader			
Camera	Mag #		Roll #			
Footage	Film Type		Emulsion #			
<input type="checkbox"/> 16mm	<input type="checkbox"/> Super 16	<input type="checkbox"/> 35mm	<input type="checkbox"/> Color	<input type="checkbox"/> B&W		

SCENE	TAKE	DIAL	FEET	LENS	F-	REMARKS

<input type="checkbox"/> PROCESS NORMAL	<input type="checkbox"/> ONE LIGHT PRINT	<input type="checkbox"/> BEST LIGHT PRINT	GOOD	
<input type="checkbox"/> PREP FOR TRANSFER	<input type="checkbox"/> TIME TO GRAY SCALE	<input type="checkbox"/> TIMED WORK PRINT	NO GOOD	
<input type="checkbox"/> PRINT ALL	<input type="checkbox"/> TIME TO THESE LIGHTS	---	WASTE	
<input type="checkbox"/> OTHER				SE
COMMENTS				TOTAL