

DISTANT LOCATION REPORT

Mail, fax or email this report to:

**I.A.T.S.E. Local 728
Studio Electrical Lighting Technicians
1001 W. Magnolia Boulevard
Burbank, California 91506**

**Phone: 818.954.0728
Fax: 818.954.0732
Email: loc728@iatse728.org**

This report must be filled out and returned to Local 728 on the ***first day*** of operation at the location and once a week thereafter. **NOTE:** If there is a second unit, the Best Boy signing this report must require his second unit Best Boy to submit a separate report with names of all lighting technicians working on the second unit. This also applies to ***all*** additional units.

Call Local 728 at once if non-union personnel and/or I.A. persons working outside the jurisdiction where you are now working, giving names and department working in.

It is always to your advantage as a member to report at once any unusual request made by the production manager such as poor transportation, meals at irregular hours, quarters that are not comfortable and working conditions that are detrimental to your health.

Please note any conditions, good or bad, and report to your local the date of these occurrences.

NAME, ADDRESS AND TELEPHONE NUMBER OF STUDIO OR INDEPENDENT PRODUCTION:

NAME OF SHOW: _____ PAYROLL COMPANY: _____

HOTEL ADDRESS AND TELEPHONE NUMBER FOR REACHING YOU ON LOCATION: _____

HOW LONG WILL YOU BE AT THIS LOCATION? (IF THIS CHANGES, NOTIFY US IMMEDIATELY!) _____

IS PUBLIC TRANSPORTATION AVAILABLE? _____ IF YES, IS IT ADEQUATE? _____

HOUSING: ADEQUATE? _____ GOOD? _____ EXCELLENT? _____ OTHER: _____

FOOD: ADEQUATE? _____ GOOD? _____ EXCELLENT? _____ OTHER: _____

NAME AND UNION CARD NUMBERS OF THE 728 MEMBERS WITH YOU:

CHIEF LIGHTING TECHNICIAN: _____ CARD#: _____

ASSISTANT CHIEF LIGHTING TECHNICIAN: _____ CARD#: _____

ASSISTAND CHIEF LIGHTING TECHNICIAN'S TELEPHONE NUMBER: _____

NAME: _____ POSITION: _____ CARD #: _____

NAME: _____ POSITION: _____ CARD #: _____

NAME: _____ POSITION: _____ CARD #: _____

NAME: _____ POSITION: _____ CARD #: _____

NAME: _____ POSITION: _____ CARD #: _____

NAME: _____ POSITION: _____ CARD #: _____

AS BEST BOY OF THIS LOCATION, I HAVE CHECKED CARDS AND PERSONNEL:

SIGNATURE/PRINT FULL AND CORRECT NAME

DATE

(Revised 06/2011)

DISTANT LOCATION REPORT (CONTINUED)
STUDIO ELECTRICAL LIGHTING TECHNICIANS LOCAL 728 I.A.T.S.E.

NAME: _____ POSITION: _____ CARD #: _____
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NAME: _____ POSITION: _____ CARD #: _____
NAME: _____ POSITION: _____ CARD #: _____
NAME: _____ POSITION: _____ CARD #: _____
NAME: _____ POSITION: _____ CARD #: _____

DO YOU HAVE SUFFICIENT HELP FOR THE AMOUNT OF EQUIPMENT USED? _____

PLEASE INDICATE:

TV: _____ FEATURE: _____ COMMERCIAL: _____ OTHER: _____

OTHER I.A.T.S.E MEMBERS WORKING IN THE ELECTRICAL LIGHTING DEPARTMENT:

NAME: _____ CARD #: _____ I.A. LOCAL: _____
NAME: _____ CARD #: _____ I.A. LOCAL: _____
NAME: _____ CARD #: _____ I.A. LOCAL: _____
NAME: _____ CARD #: _____ I.A. LOCAL: _____
NAME: _____ CARD #: _____ I.A. LOCAL: _____
NAME: _____ CARD #: _____ I.A. LOCAL: _____
NAME: _____ CARD #: _____ I.A. LOCAL: _____

NON-I.A.T.S.E. PERSONNEL WORKING IN THE ELECTRICAL LIGHTING DEPARTMENT:

NAME: _____
NAME: _____
NAME: _____
NAME: _____
NAME: _____
NAME: _____
NAME: _____

COMMENTS:

