Pre Production Check-List

		Date:	D.I.T	
Client:	Production	n:		Call sheet: Y N
Prep Date:	Day 1:	Shoot Days:	Final A	sset Delivery:
UPM:	Phone#:		_Prod. Office#:_	
Post Contact:	Phone#:			
Notes:				
Delivery Specs:				
Dailies: Y N	Raster: 1080 720	Notes:		
Edit delivery: ProRes	422 HQ LT DNxHD	(no	te bit rate)	Sound Sync: Y N
Backups required :	LTO format: 4	5 6 Che	cksum: MD5 S	SHA256
Drives provided by pro	duction:		Connection	type:
Notes:				
Camera Package: DoP:	Phone #:	Media	Handoff AC:	
	Media Type:			
	Media Type:			
	Media Type:			
Card reader provided l	oy camera dept: Y N	Connection type:		

Video Assist:	
VTR operator:	Phone#
DoP requires VTR feed by DIT: Y N	
Notes:	
	on and services outlined in the above document and agree that this is ed for. Changes to services and/or scope of work may incurr addition-
D.I.T or representative (sign)	UPM or production representative (sign)
Print name	Print name
Date	