

Motion Picture/Television

Course Name and Number:			
Prod. #:		Production Title:	
Producer:		Director:	

TECHNICAL TROUBLE REPORT

DATE: _____	TIME: _____
BUILDING: _____	ROOM: _____
STAGE: _____	OTHER: _____
REPORTED BY: _____	
DESCRIPTION OF EQUIPMENT: _____	
DESCRIPTION OF PROBLEM: _____	

DO NOT WRITE BELOW THIS LINE – TECHNICAL OPERATIONS USE ONLY

NCSA #:	S O F#:
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IMMEDIATE ACTION TAKEN:

PERFORMED BY:

FURTHER MAINTENANCE REQUIRED OR PERFORMED:
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PERFORMED BY:

PARTS REPLACED:

PERFORMED BY:

DATE COMPLETED:

INVENTORY TAG
(STAPLE HERE)