

SCRIPT CHECKLIST

STUDENT NAME: _____

SHOOTING DATES: _____

STUDENT CLASS: _____

PRODUCTION #: _____

FILM TITLE: _____

MEETING DATE: _____

SCRIPT REVIEWER: _____

REVIEW DATE: _____

SYNOPSIS:

DOES THIS SCRIPT HAVE...

✓	ELEMENT	SCENE #, PAGE #	NOTES	SOLUTIONS
	Stunts			
	Weapons			
	Vehicles			
	Large groups of characters/extras			
	Location Concerns			
	Proximity to Water			
	SFX, i.e. fire			
	Smoke/Haze			
	Nudity/Simulated Sex			
	COVID related concerns			
	Minors			
	Animals			
	Time of Day			

LOCATION COUNT TOTAL: _____

CAST COUNT TOTAL: _____

SETS COUNT TOTAL: _____

EXTRAS (TOTAL DAYS): _____

OTHER GENERAL CONCERNS:

#	LOCATION	SET	ADDRESS	PERMIT
1.				
2.				
3.				
4.				
5.				
6.				
7.				

#	CAST	NAME
1.		
2.		
3.		
4.		
5.		
6.		
7.		