



# PERFORMER WORK REPORT

ON-CAMERA ( )  
OFF-CAMERA ( )

SHOOTING LOCATION :

CREW CALL :

| PRODUCTION TITLE:              |                    |                            |                                   | DAY:         |            | PRODUCTION COMPANY: |                      |        |             |            |        |             |        |              |              | DATE:  |                           |                  |                  |
|--------------------------------|--------------------|----------------------------|-----------------------------------|--------------|------------|---------------------|----------------------|--------|-------------|------------|--------|-------------|--------|--------------|--------------|--------|---------------------------|------------------|------------------|
| ACTRA OR<br>WORK<br>PERMIT NO. | PERFORMER<br>NAMES | CATE -<br>GORY<br>P, A, S* | S / W<br>F / H<br>TR / R<br>* * * | CALL<br>TIME | TRAVEL TO: |                     | MAKE-UP<br>WARDROBE: |        | SET<br>TIME | FIRST MEAL |        | SECOND MEAL |        | WRAP<br>TIME | TRAVEL FROM: |        | STUNT<br>ADJUST -<br>MENT | PERF.<br>INITIAL | PROD.<br>INITIAL |
|                                |                    |                            |                                   |              | START      | FINISH              | START                | FINISH |             | START      | FINISH | START       | FINISH |              | START        | FINISH |                           |                  |                  |
|                                |                    |                            |                                   |              |            |                     |                      |        |             |            |        |             |        |              |              |        |                           |                  |                  |
|                                |                    |                            |                                   |              |            |                     |                      |        |             |            |        |             |        |              |              |        |                           |                  |                  |
|                                |                    |                            |                                   |              |            |                     |                      |        |             |            |        |             |        |              |              |        |                           |                  |                  |
|                                |                    |                            |                                   |              |            |                     |                      |        |             |            |        |             |        |              |              |        |                           |                  |                  |
|                                |                    |                            |                                   |              |            |                     |                      |        |             |            |        |             |        |              |              |        |                           |                  |                  |
|                                |                    |                            |                                   |              |            |                     |                      |        |             |            |        |             |        |              |              |        |                           |                  |                  |
|                                |                    |                            |                                   |              |            |                     |                      |        |             |            |        |             |        |              |              |        |                           |                  |                  |
|                                |                    |                            |                                   |              |            |                     |                      |        |             |            |        |             |        |              |              |        |                           |                  |                  |

CATEGORY:      \* P PRINCIPAL  
                      A ACTOR

S STUNT          \*\* S START  
SI STAND IN      W WARDROBE

F FINISH          TR TRAVEL  
H HOLD            R REHEARSAL

ORIGINAL TO:    ACTRA  
1 COPY TO THE: ENGAGER

CHECK APPROPRIATE BOX:    LIP SYNC ( )      POST SYNC ( )      NARRATION ( )      ADR ( )      ANIMATION ( )

\*\*\*\*\* PLEASE CALL THE LOCAL ACTRA OFFICE PRIOR TO POST PRODUCTION \*\*\*\*\*