colorlab

CAMERA REPORT

PRODUCTION COMPANY: _____

PROJECT TITLE: _____

DATE: _____

DIRECTOR: _____

CAMERA OPERATOR: _____

ASSISTANT CAMERA: _____

ROLL #	*CAMERA #*	*SHEET#*	*MAG #*

SCENE	TK	MOS/ SYNC	DIAL	FTG	NOTES

SPECIAL INSTRUCTIONS:

OUT AT	LOADED
GOOD	NEG TYPE
NO GOOD	EMUL #
WASTE	EXP INDEX
TOTAL	SHORT END

5708 Arundel Ave. Rockville, MD 20852 PHONE: 301-770-2128

@colorlabmd colorlab.com @colorlabfilm