

## **SPFX COVER SHEET**

416-392-1312

## Must be attached to one of the following Letters of Intent:

Pyrotechnics / Firearms & Gunfire / Squibs

		Pyrotechnics: Email to FIRE, TFTDMO and Fax to CBRNE					
Date:		Squibs ONLY, or Firearms & Gunfire:			: Email to TFTDMO Fax to: CBRNE <b>ONLY</b>		
APPLICANT - PRODUCTION INFORMATION							
First and Last Name:		Telephone Number:					
CellNumber:			Fax Number:				
Project Title:							
Location of SPFX:			Date of SPFX:		Time of SPFX:		
TORONTO FIRE SERVICES <u>Email</u> or FAX: 416-338-9060							
Jim Jessop jim.jessop@toronto.ca Approved / Denied per		Heather Smith heather.smith( Approved /	@toronto.ca				
Conditions:							
CBRNE – CHEMICAL BIOLOGICAL RADIOLOGICAL NUCLEAR & EXPLOSIVES FAX: 416-808-4901							
Public Safety Unit CBRNE	Approved	Denied					
Tel: 416-808-4900	By: P.C.	Sgt. S/Sgt.		Badge #:			
Conditions:							
Has Central Paid Duty Office been notified? Yes No Tel: 416-808-7880 / Fax: 416-808-5042							
TORONTO FILM, TELEVISION & DIGITAL MEDIA OFFICE FAX: 416-					: 416-392-0675		
Select the Film Coordina	tor working on	the project:					
Ariana.Foyle@toronto.ca 416-392-1314			copolous@toronto.ca 3- 392-1315				
Brendan.Boyle@toronto.ca		Kate.Allen@toronto.ca			Keira.Fine@toronto.ca		

416-338-5072

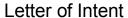
416-392-0612

Margaret.Boland@toronto.ca

416-338-5924

416-392-1331

Pamela.Akasaka@toronto.ca





## **SPFX Pyrotechnics**

This form must be filled out by Pyrotechnician when using SPFX explosives/pyrotechnics on film sets in the City of Toronto. Send this form and, your site plan and MSDS sheet(s) to: CBRNE, TORONTO FIRE and TFTDMO

FAX: **CBRNE 416-808-4901** 

EMAIL: **FIRE** <u>jim.jessop@toronto.ca</u>

heather.smith@toronto.ca

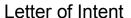
EMAIL: TFTDMO filmtoronto@toronto.ca

If any large format pyro work is requested, your application must be submitted at least **72 hours prior** to your filming date. Sufficient lead time is essential. Applications submitted without sufficient lead time maybe **denied** without recourse.

Date of Application:			
Production Information			
Project title:			
Production Company:	Production Office phone number		
FX Location Rep:	On-site contact phone number		
FX Supervisor:	Phone:		
Pyrotechnician certificate #:	Class:		
Det Cord Inclusions: Yes No			
Pyrotechnics			
Film Location:			
Date(s) of filming:	Projected set-up date:		
Project initiation times:	Planned number of resets:		
Materials used, including quantities:	1		
	cation detailing the description of the effect; including safe distances mbols must be used to identify street furniture, trees, buildings, etc. ithout approvals for resubmission.		

#### **Notice of Collection**

The personal information on this form is collected under the legal authority of the City of Toronto Act, 2006 and Municipal Act 2001. The information is used to obtain consent for filming to process location film permit applications and aggregate statistical reporting. Questions about this collection can be directed to Manager, Toronto Film, Television & Digital Media Office, Rotunda North, Toronto City Hall, Toronto, ON M5H 2N2. Telephone 416-338-FILM (3456).





# **SPFX Pyrotechnics**

Blast pressure analysis or demonstration of the effect for SPFX/Pyrotechnics or gunfire may be required prior to a permit being issued.						
Place and method of pyrotechnic storage on site:						
Do you intend to have the fire metastion equipment discouranted for this effect?						
Do you intend to have the fire protection equipment disconnected for this effect?  Yes No  No They <b>MUST</b> be approved by Toronto Fire Service						
Safety measures to be taken:						
Number of extinguishers: Type(s): Size:						
Number of trained staff trained to use extinguishers on set:						
Have you hired a private fire safety service?  Yes  No						
If yes, please state Company Name:						
Telephone Number:						
Pyro effects plan or letter of intent attached? Yes No						
If ONLY SQUIBS are being used please use the SQUIBS ONLY FORM (to be sent to CBRNE and TFTDMO						
ONLY, not Fire).						
Will squibs be used with anything else (e.g. Black Powder)? Yes No						
If yes, this pyrotechnic form must be submitted to the CBRNE, Toronto Fire and TFTDMO.						
Please state what product the squibs will be used with and method of use:						
Form completed by:						
Pyrotechnician						
on behalf of:  Production Company						
Has Central Paid Duty Office been notified?  Yes No Tel: 416-808-7880 / Fax: 416-808-5042						

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