



SPFX COVER SHEET

Must be attached to one of the following Letters of Intent:
Pyrotechnics / Firearms & Gunfire / Squibs

Date: _____

Pyrotechnics: Email to FIRE, TFTDMO and Fax to CBRNE

Squibs ONLY, or Firearms & Gunfire: Email to TFTDMO
Fax to: CBRNE **ONLY**

APPLICANT – PRODUCTION INFORMATION

| | | |
|----------------------|-------------------|---------------|
| First and Last Name: | Telephone Number: | |
| Cell Number: | Fax Number: | |
| Project Title: | | |
| Location of SPFX: | Date of SPFX: | Time of SPFX: |

TORONTO FIRE SERVICES

Email or FAX: 416-338-9060

| | | |
|---|---|--|
| Jim Jessop jim.jessop@toronto.ca Approved / Denied per _____ | Heather Smith heather.smith@toronto.ca Approved / Denied per _____ | |
| Conditions: | | |

CBRNE – CHEMICAL BIOLOGICAL RADIOLOGICAL NUCLEAR & EXPLOSIVES FAX: 416-808-4901

| | | |
|--|--|--------------------------|
| Public Safety Unit CBRNE Tel: 416-808-4900 | Approved By: P.C. Sgt. S/Sgt. _____ | Denied 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: 416-392-0675

| | | |
|--|--|--|
| Select the Film Coordinator working on the project: | | |
| Ariana.Foyle@toronto.ca 416-392-1314 | Anna.Marcopolous@toronto.ca 416-392-1315 | Bobby.Donches@toronto.ca 416-338-5239 |
| Brendan.Boyle@toronto.ca 416-338-5924 | Kate.Allen@toronto.ca 416-338-5072 | Keira.Fine@toronto.ca 416-392-1312 |
| Pamela.Akasaka@toronto.ca 416-392-1331 | Margaret.Boland@toronto.ca 416-392-0612 | |



Letter of Intent
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** jim.jessop@toronto.ca
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: | |
| Your site plan must be submitted with your application detailing the description of the effect; including safe distances between all personnel, objects and the effect. Symbols must be used to identify street furniture, trees, buildings, etc. If your drawing is illegible it will be returned without 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).



Letter of Intent
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 protection equipment disconnected for this effect? Yes No

No They **MUST** 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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