



# 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 [TFS\\_Events@toronto.ca](mailto:TFS_Events@toronto.ca) or FAX: 416-338-9060

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:		
<b>Has Central Paid Duty Office been notified?</b> 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:

<a href="mailto:Michael.Southon@toronto.ca">Michael.Southon@toronto.ca</a> 416-392-1314	<a href="mailto:Anna.Marcopolous@toronto.ca">Anna.Marcopolous@toronto.ca</a> 416-392-1315	<a href="mailto:Bobby.Donches@toronto.ca">Bobby.Donches@toronto.ca</a> 416-338-5925
<a href="mailto:Brendan.Boyle@toronto.ca">Brendan.Boyle@toronto.ca</a> 416-338-5924	<a href="mailto:Kate.Allen@toronto.ca">Kate.Allen@toronto.ca</a> 416-338-5072	<a href="mailto:Keira.Fine@toronto.ca">Keira.Fine@toronto.ca</a> 416-392-1312
<a href="mailto:Pamela.Akasaka@toronto.ca">Pamela.Akasaka@toronto.ca</a> 416-392-1331	<a href="mailto:Margaret.Boland@toronto.ca">Margaret.Boland@toronto.ca</a> 416-392-0612	



# 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** [TFS\\_Events@toronto.ca](mailto:TFS_Events@toronto.ca)  
EMAIL: **TFTDMO** [filmtoronto@toronto.ca](mailto: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. <b>If your drawing is illegible it will be returned without approvals for resubmission.</b>	

### 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).

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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