



SPFX APPLICATION – PYROTECHNICS & FIRE

Date of Application: _____

This form must be filled out by Pyrotechnician when using SPFX explosives/pyrotechnics on film sets in the City of Toronto. **PYROTECHNICS & FIRE ONLY** send SPFX APPLICATION to TORONTO FILM, TELEVISION & DIGITAL MEDIA OFFICE, TORONTO FIRE, and CBRNE.

| APPLICANT – PRODUCTION INFORMATION | |
|------------------------------------|------------------------------|
| Applicant Name: | Telephone: |
| Production Company: | Fax: |
| Production Company: | Production Office Telephone: |
| | Fax: |
| Production Title: | Location of SPFX: |
| SPFX Date and Time: | INTERIOR or EXTERIOR: |

| TORONTO FIRE SERVICES | EMAIL to TFS_Events@toronto.ca |
|-----------------------|---|
| Signature and Date: | |

| EDU – The Explosives Disposal Unit - edu@torontopolice.on.ca FAX: 416-808-4901 | |
|--|---|
| Public Safety Unit CBRNE Tel: 416-808-4900 | <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: <input type="checkbox"/> P.C. <input type="checkbox"/> Sgt. S/Sgt. _____ Badge# _____ |
| Conditions: | |
| Has Central Paid Duty Office been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Tel: 416-808-7880 Fax: 416-808-5042 | |

| TORONTO FILM, TELEVISION, AND DIGITAL MEDIA OFFICE - Email ALL SPFX forms to filmtoronto@toronto.ca |
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| Application should be submitted 72 hours before filming if any large format work is requested. Sufficient lead time is essential. Applications submitted without sufficient lead time may be denied without recourse. |

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).



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| | |
|--|--|
| PYROTECHNICS | |
| FX Supervisor/FX Location Rep: | On-location Contact Phone Number: |
| Pyrotechnician certificate #: _____ Class: _____ | |
| Det Cord Inclusions: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Film Location: | |
| Synopsis: | |
| Dates of Filming: | |
| Projected set-up dates: | |
| Projected initiation Times: | |
| Planned Number of resets: | |
| Materials used, including quantities: | |
| Pyro Effects Plan or letter of intent attached? <input type="checkbox"/> Yes <input type="checkbox"/> No 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. | |
| Blast pressure analysis or demonstration of the effect for SPFX Pyrotechnics may be required prior to permit being issued. | |
| Place and method of pyrotechnic storage on site: | |
| Do you intend to have the fire protection equipment disconnected for this effect? <input type="checkbox"/> Yes <input type="checkbox"/> No (if NO, they must be approved by Toronto Fire Services) | |
| Safety measures to be taken: Number of extinguishers: _____ Type: _____ Size: _____ Number of staff trained to use extinguishers on set: _____ Have you hired a private fire safety service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state Company Name: _____ Telephone Number: _____ | |

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If ONLY SQUIBS are being used please use the SQUIBS ONLY FORM.

Will squibs be used with anything else (e.g. Black Powder)? Yes No

(If yes, this Pyro form must be submitted to CBRNE, Toronto Fire, and the Toronto Film Office)

Please state what product the squibs will be used with and method of use:

Form completed by: _____
Pyrotechnician

On behalf of: _____
Production Company