[Venue Name & Contact Info Here]

INSPECTION REPORT																
TITLE:						DIRECTOR/YEAR:										
RECEIVED FROM:						S	CREE	DATE	:							
FORMAT:RATIO:			SOUND:				TRACK	(TYF	PE	FPS:			_ Print ID #:			
	DAMAGE 0: NONE .5: NEGLIGIBLE 1: LIGHT 2: FAIR 3: MODERATE 4: HEAVY															
	REEL		1	2	3	4	5		6	7	8	9		10	11	
EMULSION SCRATCHES																
BASE SCRATCHES																
EDGE DAMAGE																
PERF DAMAGE																
OIL,DIRT, RESIDUE																
COLOR SHIFT/FADING																
WARPING																
REEL		1	2 3		4	5		6	7	8	9		10	11		
SPLICES																
Heads/tails cut? Yes No Countd						L Acadei	I N	Mixed								
REEL 1		2				3			4			5				
M/C																
C/O																
Frames from end																
REEL		6		7			8			9			10			
M/C																
C/O																
Frames from end																
FIRST IMAGE: LAST IMAGE:																
Pre-show Notes/Overall condition:											During Show Notes:					
											<u> </u>					

PROJECTIONIST_____ INSPECTED BY_____ PRINT YEAR/DATE CODE_____ FILM STOCK_____