

[VENUE NAME AND CONTACT INFO HERE]

INSPECTION REPORT

TITLE: _____ DIRECTOR/YEAR: _____
RECEIVED FROM: _____ SCREENING DATE: _____
FORMAT: _____ RATIO: _____ SOUND: _____ FPS: _____

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/SHRINKAGE											

REEL	1	2	3	4	5	6	7	8	9	10	11
SPLICES											

Heads/tails cut? Yes ___ No ___ Countdown: Academy ___ SMPTE ___ 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: _____

NOTES/OVERALL CONDITION:

PROJECTIONIST _____ INSPECTED BY: _____ FILM STOCK: _____ PRINT YEAR/DATE CODE : _____ Print ID #: _____