

AS Movie Screening — DAILY ACTIVITIES REPORT (DAR)

SCREENING INFORMATION

PO #:	Date:	Scheduled Report Time:	Studio Rep Arrival:
			Load In Start:
Film Title:		Studio Rep: Contact #:	Load In End:
			Film Start:
Theater:		Theater Mgr Contact:	Film End:
			B&T Return Start:
Address:		Projectionist:	B&T Return End:
			Print Watch Start:
City:	State/Prov:	Head Count:	Print Watch End:
		Print ID #:	Studio Rep Departure:

SECURITY COMPANY INFORMATION

Company Name:	Manager:	Phone:
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Detail Supervisor: _____ Signature: _____
 Time In _____ Time Out _____

Additional Officers: (PLEASE PRINT)

4. _____ Time In _____ Time Out _____	8. _____ Time In _____ Time Out _____
1. _____ Time In _____ Time Out _____	5. _____ Time In _____ Time Out _____
2. _____ Time In _____ Time Out _____	6. _____ Time In _____ Time Out _____
3. _____ Time In _____ Time Out _____	7. _____ Time In _____ Time Out _____
	9. _____ Time In _____ Time Out _____
	10. _____ Time In _____ Time Out _____
	11. _____ Time In _____ Time Out _____

EQUIPMENT

Number of Hand Wands:	Number of Night Scopes:	Number of Bag and Tag Used:	Number and Type(s) of Signage:
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ACTIVITIES

Objectives Completed: (NOTE: not all objectives will be completed—if wandng, etc. is not required, you should not check this)

PRIOR TO LOAD-IN	AUDIENCE LOAD-IN	DURING SCREENING	SPECIAL INSTRUCTIONS
<input type="checkbox"/> Checked in w/ Theater Man. <input type="checkbox"/> Checked in w/ Studio Rep. <input type="checkbox"/> Posted Signage at entrance to auditorium <input type="checkbox"/> Checked all seats and aisles for recording equipment <input type="checkbox"/> Checked projection booth for recording equipment <input type="checkbox"/> Set-up table for bag checks <input type="checkbox"/> Insured proper working order of all equipment	<input type="checkbox"/> Advised guests to remove metal from pockets and have bags and purses unzipped <input type="checkbox"/> Checked all guests with hand wand <input type="checkbox"/> Visually inspected all bags <input type="checkbox"/> Advised guests to return any recording devices to their car <input type="checkbox"/> Advised guests to turn off phones and pagers <input type="checkbox"/> Checked guests that left theater	<input type="checkbox"/> Scanned audience with night vision in stationary position <input type="checkbox"/> Made frequent row-by-row checks with night vision Monitored emergency exits <input type="checkbox"/> Wanded and checked bags of re-entering guests <input type="checkbox"/> Checked projection booth for suspicious activity	<input type="checkbox"/> If print watch required, stayed with print until breakdown and return to courier. <input type="checkbox"/> If digital key, stayed until digital key expired and projectionist pushed "STOP" <input type="checkbox"/> If DISNEY run through, remained with print at all times except brief periodic checks of the theater; confirmed with studio rep if required to stay until courier picked up print <input type="checkbox"/> If SONY run through, monitored access control at auditorium doors, made brief periodic checks of theater and projection booth <input type="checkbox"/> If any other special instructions, read, understood and adhered to given instruction

Comments: _____ **Please Note any deviation from requested post orders and explain why.**

Continue on back if needed or attach remainder of report to this form