

The Corporation of the City of Sault Ste. Marie SPFX Application Form Appendix H

SPFX APPLICATION			
Date Submitted:			
☐ Revised Application			
CONTACT INFORMATION			
Film Company:	T	Production Title:	
SPFX Coordinator:	SPFX Coordinator	Cell:	SPFX Coordinator Email:
SPFX Key:	SPFX Key Cell:		SPFX key Email:
Pyrotechnician Certificate #:			
Class:			
Det Cord inclusions: ☐ Yes ☐ No			
FILMING INFORMATION			
Film Location:			
Scene Description:			
Data (s) /Tima (s) of Filming:			
Date(s)/Time(s) of Filming: Projected set-up Date:			
Projected ser-up Date: Projects initiation times:			
riojecis inilialion limes.			
SPFX DETAILS			
Type of Materials (Including Quantities):			
Type of Materials (including Quarinnes).			
Planned number of resets:			
Please state place and method of handling/storage:			
Thease state place and memod of handling/storage.			
Please provide a detailed description of safety precautions in place:			
The about provide a designed description of the provided in process.			
	(CHECK LIST	
□ Submit a copy of the Pyrotechnician Certificate			
□ Submit a detailed site plan			
□ Submit a spill management plan *If applicable*			
□ Submit Safety Data Sheet for any gels/foams/hazardous liquids that will be discharged into the environment.			
☐ Has Paid Duty Officer or Fire Services been requested. *Applicable if SSMPS or SSMFS requires a PDO on site. *			
Form Completed By:		Signature:	

(SPFX Coordinator)