Lake Charles/Southwest Louisiana Film Commission Filming Permit Application

Date:	Project T	Project Title:		
Production Co.:			Production Type:	
Address:				
City:		State:	Zip Code:	
_				
Location Manager	:		Other Contact:	
Phone: Cell:			Fax:	
Production Budget: \$		Total Personnel:		
# of Production Days:		# of Motel/Hotel Nights:		
Production Begin Date:		Production End Date:		
Please check all th	at apply:			
Street Closures		Use of City Buildings		
Intermittent Traffic Control		Parking Meter Bagging		
Pyrote	chnics/Fire:	Special/Other:		
Other services nee	eded, please explain:			
Insurance Company:		Additional Insurance Received:		
Note: A list of all loo	cations must be provided at	the time of permitting at	least 2 weeks prior to	
beginning productio	n (any location changes duri	ing production must be co	ommunicated and approved).	
Applicant agrees to	all of City of Lake Charles/Pa	rish of Calcasieu terms ar	nd conditions.	
Production Company Representative:			Date:	
SWLA Film Commi	ssion Representative:		Date:	
Contact Info:	Angie Manning	Phone: 3	337-502-4343	
	1205 N. Lakeshore D	Or Fax: 337	-494-7952	

Lake Charles, LA 70601 Email: amanning@visitlakecharles.org



Recommendations and Requirements for Clean and Healthy Production Sets

The health and safety of our community is a priority for the Lake Charles Southwest Louisiana Film Commission. Therefore, we are providing the following safety guidelines and requirements to all productions to help ensure clean and healthy sets. We encourage everyone to take personal responsibility and an active role in maintaining a clean and healthy set. We are in this together.

The following suggestions and regulations are not all-inclusive: Guilds, Unions, Production Companies, and Studios may also have regulations.

Please sign this document and return it with your permit application paperwork and a copy of your safety protocol plan to the Lake Charles Southwest Louisiana Film Commission.

These recommendations are not intended to be a complete list of all recommendations for COVID-19 safety protocol, and these recommendations are not medical advice. The Lake Charles Southwest Louisiana Film Commission strongly encourages all cast and crew to contact the following organizational resources for more information and specific questions

- OSHA: osha.gov/Publicatiomns/OSHA3990.pdf
- **CDC**: <u>cdc.gov/coronavirus/2019-nCoV/index.html</u>; <u>cdc.gov/coronavirus/2019-ncov/community/reopenguidance.html</u>
- World Health Organization: who.int/emergncies/diseases/novel-coronavirus-2019
- Louisiana Department of Health: ldh.la.gov

GENERAL REQUIREMENTS

Adhere to all Louisiana State and CDC guidelines for social distancing and gathering numbers.

GENERAL RECOMMENDATIONS

- We encourage all productions to designate an official COVID Safety Supervisor for the production that will be in regular communication with the Lake Charles Southwest Louisiana Film Commission in addition to standard weekly calls and arranging set visits.
- Daily temperature checks for everyone on set.
- Whenever possible, utilize appropriate Personal Protective Equipment (PPE), including but not limited to gloves, goggles, face shields, masks that cover the nose and mouth, finger cots (good for finger-only touchpoints such as copier, microwave).
- Implement cast and crew health questionnaires to determine if someone could have been exposed to illness recently.
- Limit the number of people in all areas to essential personnel only.
- Maintain social distancing of no less than 6 feet whenever possible.
- Make 6-foot distance markings on the floor in environments where people need to line up.
- Require frequent hand washing by all on-set personnel.
- If soap and water are not available, use alcohol-based hand sanitizer or sanitizing wipes.
- Require anyone who is sick to stay home.

- Provide hand sanitizing stations and/or hand-washing stations throughout the set area.
- Include additional PA's dedicated to assisting with sanitizing, possibly assigning PA's per department to manage.
- Self-monitor for signs or symptoms of illness and report if you are feeling ill.
- Divide up studio backstage space and/or on-location areas into sections with production teams isolated from each other.
- When possible, have one department at a time in the work area.
- Cover your mouth (not with hand) for coughs and sneezes.
- Do not use other people's phones or personal work tools.
- Frequent cleaning and disinfection of surfaces, equipment, and other elements of the work environment using alcohol-based sanitizing wipes.
- Assign one individual per department to be responsible for constant wipe-downs of surfaces.
- Identify who may effectively be able to work from home for prep, shoot, wrap.
- Assign office supplies (pens, pencils, staplers, paper clips, etc.).
- Consider sequestering cast and crew in hotels to control the environment and avoid bringing illness to and from the set.
- When possible, keep windows and doors open to increase ventilation in closed areas.
- When possible, use disposable, ecologically friendly flatware, plates, and cups.
- Food and snacks should be individually packaged and not open buffet style.
- Scouting should be done virtually as much as possible.
- Eliminate "open calls" and give everyone an assigned window to arrive.
- Chairs should be disinfected before and after people sit down.
- Eliminate Directors chairs for plastic chairs as they are easier to disinfect.
- Carefully consider the number of extras required.
- Have enough space, tables, and chairs for Extras holding areas to practice social distancing.
- Provide one pen for each Extra to execute paperwork and instruct them to not share.
- Anticipate inefficiencies due to new procedures.

l,	, as an authorized representative of the production		
h	ave read the Lake Charles Southwest Louisiana's Recommendations		
wellbeing of both our production team and the co	on Sets and agree to take all possible safety measures to ensure the mmunity. I understand that if our production is found in violation of safety measures, our Permit for Filming will be void, and we will be		
Name:	Designated COVID Safety Supervisor		
Title:	Name:		
Signature:	Signature:		
Date:	Date:		
Email:	Email:		
Phone:	Phone:		

