

LOS ANGELES FIRE DEPARTMENT

Bureau of Fire Prevention & Public Safety

SCHOOLS, CHURCHES & INSTITUTIONS

200 N. Main Street, Suite 1710 Los Angeles, CA 90012 (213) 978-3730

USE ONLY DENIED

APPROVED UFSO REQUIRED

APPROVED SPOT CHECK

HOSPITAL FILMING LOCATION EVALUATION REPORT

INSTRUCTIONS: (1) COMPLE	TE FORM (2) FOL	LOW EMAIL ROUTIN	NG INSTRUCTIONS ON PAGE 2	
FACILITY NAME*	FACILITY ADDRESS*		TODAY'S DATE*	
PRODUCTION COMPANY & PRODUCTION TITLE		FilmLA Permit Number	DATE(S) OF FILMING*	
PRODUCTION COMPANY ADDRESS*		FilmLA Coordinator	TIME(S) OF FILMING*	
Approval of filming location(s) is contingent upo	n the area(s) meeting the	following criteria:	*Required Field	
 date. An Institution Inspector will do the water a. A representative from the hospitate b. Approved areas shall provide no of the body and the body areas shall provide no of the body areas shall be areas to be run did nor be placed in stair shafts that could be under the body areas shall be body as the body areas shall be bo	alk through inspection and and production comparation to hospital activities in hospital main rmissible to tie into the hose into ANY hospital electricativity to the floor of use a sed for patient evacuation airways, exit signs, and Finse shall be stored or place ans applicable to hospitals ocation.	d shall identify the areas for find shall be present during the vities and shall be remote from lobbies, elevator lobbies and espital's main electrical power rical outlet. (i.e. through windows, etc.). On the Department connections shall be a vacant room. Equipme a nor does it negate the authorition(s) if applicable:	walk-through inspection. In the patient care (e.g. vacant wings or floors, etc.) I emergency room areas, etc. It supply to provide electrical power to ANY Cables shall not be placed in patient care areas, In all be maintained, well-lit and unobstructed at all Int on "stand-by" in any corridor is prohibited. In the initial of the Uniform Fire Safety	
By signing below, I agree to the above condition. Location Manager (Type Name)*	s and accept the responsi	, ,	y requirements are adhered to:	
Location Manager (Type Mane)		Phone*		
		Email*		
Hospital Representative (Type Name)*		Phone*	ne*	
		Email*		
Fire Inspector (Type Last Name & Inspector #)		Phone		
		Email		
LAFD Institutions Unit Metro Aivalley A	rea (213) 978-3730 rea (818) 374-1110		*Required Field	

