#### Production questionnaire

|  |
| --- |
| Company name |
| Name of Production |

**Dates and Timings**

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| --- |
| **Get-in**: |
| Date |
| Time |

|  |
| --- |
| **Get-out**: |
| Date |
| Time |

|  |
| --- |
| **Dates of performances** |
| Times of performances |
| Time of interval and duration |

**Details**

|  |
| --- |
| Sound Engineer required? Yes/No  Grand Piano required? Yes/No  \*please note there is an additional cost linked with these services\* |
| PRS Details: |
| What is your policy on latecomers? |
| Who will be responsible for first aid? |
| If the performance involves any of the following, please tick them and include them in your risk assessment: - |
| Supply & use of additional sound / lighting equipment & quantity |
| Raised platforms/stage blocks |
| Suspended scenery (inc weight)/props |
| Stroboscopic effects |
| Smoke/Haze/Fog generator |
| Loud bangs |
| Stage fighting |
| Sharp implements |
| Replica firearms & weapons |
| Do you agree to the conditions of use? |

**Please sign and date:**

Company Contacts

Please provide an email and contact number (where applicable)

|  |  |
| --- | --- |
| Producer |  |
| Stage Manager / Technical Team |  |
| On the day contact |  |
| Company First Aider (if applicable) |  |

Any other notes

Please ensure this document and a full production risk assessment is returned to [owenf@thespring.co.uk](mailto:owenf@thespring.co.uk) at least 4 weeks in advance