INITIAL CONTACT LIST FOR PRODUCTION **Production Name: Production Location:** Production Office Coordinator Today's Date: To Be Completed By: To Be Sent To: To Be Retained By: **Production Office Coordinator** Production Safety Representative When: At beginning of production. **Frequency:** Once, unless contact information changes. Instructions: Office Phone Position Name Emergency Phone **Unit Production Manager Production Office Coordinator** 1st AD (Odd) 1st AD (Even) **Construction Coordinator Transportation Coordinator Studio Production Executive Production Attorney Production Safety Consultant Studio Production Safety** Representative