

Entertainment Industry Notification

Under the provisions of the Ontario Electrical Safety Code (OESC), a Notification must be filed with the Electrical Safety Authority for any electrical equipment installed in Ontario, temporary or otherwise. This includes all Television, Film, Commercial, Live Performance, Carnivals, or Event Productions including but not limited to Live Productions regardless of site or location. Failure to comply could result in unsafe working sites, production downtime and/or fines.

Date _____ ESA Account # _____ ECRA/ESA Lic # _____	<input type="checkbox"/> I confirm that the information provided in this form is true, complete and accurate. Name _____ Signature _____
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Method of Payment	
<input type="checkbox"/> Charge to ESA Account If you are on account with us and wish to pay by credit card, please check the ESA account customer box to the right and provide the last four digits of the card we have saved on file to your account.	<input type="checkbox"/> Credit Card <input type="checkbox"/> ESA account customer - please provide the last 4 digits of the card saved on file _____ <input type="checkbox"/> One-time / non-account customer - DO NOT submit this form to pay by credit card. To comply with Credit Card Payment security requirements, you must file your notification with ESA by phone; please call 877-ESA-SAFE (372-7233), Mon-Fri 7:00AM-4:30PM. Your inspection may be delayed if you submit this form with a credit card payment.

Applicant Information - please provide a complete mailing address		PO/Job #
Name _____ Email _____ Address _____ Unit / Suite _____ City _____ Prov/State _____ Country _____ Postal Code _____ Cell Ph _____ Fax _____		
		Date Ready

Location Information	
Name: _____ Civic #: _____ Street: _____ Unit: _____ Note the alternate street name if street is a #d Regional Rd, County Rd, Hwy: _____ City/Town: _____ Twp/Region: _____ Work location in building: _____ Main Intersection: _____	
Water Travel Required? Yes <input type="checkbox"/>	

Work Contact (applicant's representative) - this notification will be returned if a Work Contact name / cell phone or email address are not provided

First & Last Name _____ Cell Ph _____ Email: _____

Complete this section for: Commercials / Television / Movie Shoots / Video / Theatre Productions / Travelling Shows	
<input type="checkbox"/> Commercial [C041] <input type="checkbox"/> Television [C032] <input type="checkbox"/> Movie / Film [C032] <input type="checkbox"/> Video [C032] <input type="checkbox"/> Theatre [C032] <input type="checkbox"/> Travelling Show [C032]	Production Name: _____ # of Locations: _____ [C032 / C041] Approximate # of Production Weeks: _____ [C042]
Production start date: _____ Production end date: _____	

Locations:	Site Type	# of Sets	Contact Name	Contact Phone #	Best time for Inspection
(If list is longer than space provided, please attach the list)	<input type="checkbox"/> On Location <input type="checkbox"/> In Studio				
	<input type="checkbox"/> On Location <input type="checkbox"/> In Studio				
	<input type="checkbox"/> On Location <input type="checkbox"/> In Studio				
	<input type="checkbox"/> On Location <input type="checkbox"/> In Studio				

Electrical Workers Certification of Qualifications? <input type="checkbox"/> 309 <input type="checkbox"/> 269e <input type="checkbox"/> Licensed Electrical Contractor Shoot Times: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> *After 5pm <input type="checkbox"/> *Weekend *Weekend, holiday, off-day, same-day and evening inspections are subject to additional fees. Email daily call sheets to Call.Sheets@electricalsafety.on.ca	Indicate # of items installed during Production (all locations) [C023] _____ Generators > 12KW _____ Heating & A/C Units _____ Transformers > 1KVA
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Complete this section for: Events such as Live Performance / Festival / Trade Show / Carnivals	
<input type="checkbox"/> Live Performance [C075] <input type="checkbox"/> Festival/Special Event [C075] <input type="checkbox"/> Trade Show [C059] <input type="checkbox"/> Carnival [C030] <input type="checkbox"/> Other (specify): _____	Number of Locations: _____ AM PM
Show or Event Name: _____ What DATE and TIME will the Show be open to the public? _____ What are the hours of operation for this event? _____ Please provide opening and closing times. _____ Electrical Workers Certification of Qualifications? <input type="checkbox"/> 309 <input type="checkbox"/> 269e <input type="checkbox"/> Licensed Electrical Contractor Weekend, holiday and evening inspections are subject to additional fees.	What TIME will the Show be ready for Inspection? _____ AM PM Indicate # of items installed for the Event [C023] _____ Generators > 12KW _____ Heating & A/C Units _____ Transformers >= 1KVA _____ Other: _____ _____ Rides [C030] _____ Booths [C059] [C030]

Driving Directions / Comments / Work Details	Fee Estimate incl HST

By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com