PRODUCER TAPE ROLL LOG

Please submit completed form and media to PCTV production staff at the <u>BEGINNING</u> of your scheduled time for necessary viewing and set-up. No last minute tape rolls will be permitted.

Name: _____

Today's Date: _____ Taping Day: _____ Taping Date/Time: _____

Show Title: _____

Topic: _____

<u>ALWAYS ZERO COUNTER</u> at the beginning of your tape.

CLIP #	MEDIA # / FORMAT	DESCRIPTION	OUTCUE (dialog or picture)	IN hr : min : sec			OUT hr : min : sec			LENGTH hr : min : sec		
EXAMPLE → *1*	*Mini DV*	*Interview with the Mayor*	*"…this city is great."*	*00*	*48*	*27*	*00*	*50*	*42*	*00*	*02*	*15*