

Sound Report

Sound Mixer: _____ Roll # _____
Phone: _____ Date: _____
Email: _____
Page ____ of ____

Title: _____ Director: _____ Producer: _____

Recorder: _____ Sample Freq: _____ Bits: _____ Media: _____ File Type: _____

Timecode: _____ Tone: _____ Metafile Text: _____

NOTE: Transfer only channel 1 for dailies unless otherwise noted.

Mult	Scene	Sgmt/ Take	P.O #	Notes	
Print	Tracks				
		1	2	3	4

