Sound Mixer: Phone: Email:

SOUND REPORT

| Roll # | | |
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| Date | | _ |
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| Title: | Director: | Producer: | | | |
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| Recorder: | Sample Freq: | Bits: | Media: | File Type: | |
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NOTE: Transfer only channel 1 for dailies unless otherwise noted.

| Segment TDAGKO | | | | | | | | |
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| Multiple Prints Scene Take | | Take | Segment or NOTES PNO # | | TRACKS 1 2 3 4 | | | |
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