



400 Sheldon Drive, Unit 1
Cambridge, Ontario, N1T 2H9

Phone: 1-877-ESA-SAFE (372-7233)
esa.Cambridge@electricalsafety.on.ca

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 # _____

I confirm that the information provided in this form is true, complete and accurate.

Name _____ Signature _____

Method of Payment

Charge to ESA Account

Cheque / Money Order
Call 1-877-372-7233 to discuss fees; attach the cheque / money order to the completed form and mail to the address noted above.

Credit Card
ESA account customer - please provide the last 4 digits of the card saved on file _____

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

Name _____ Email _____

Address _____ Unit / Suite _____

City _____ Prov/State _____ Country _____

Postal Code _____ Cell Ph _____ Fax _____

PO/Job # _____

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

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

Commercial [C041] Television [C032] Movie / Film [C032] Video [C032] Theatre [C032] Travelling Show [C032]

Production Name: _____ # of Locations: _____ [C032 / C041] Approximate # of Production Weeks: _____ [C042]

Production start date: _____ Production end date: _____

Locations: (If list is longer than space provided, please attach the list)	Site Type	# of Sets	Contact Name	Contact Phone #	Best time for Inspection
	<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? 309 269e Licensed Electrical Contractor

Shoot Times: AM PM *After 5pm *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 _____

Complete this section for: Events such as Live Performance / Festival / Trade Show / Carnivals

Live Performance [C075] Festival/Special Event [C075] Trade Show [C069] Carnival [C030] Other (specify): _____

Show or Event Name: _____ Number of Locations: _____ AM _____ PM _____

What DATE and TIME will the Show be open to the public? _____

What TIME will the Show be ready for Inspection? _____

What are the hours of operation for this event? _____

Please provide opening and closing times. _____

Electrical Workers Certification of Qualifications? 309 269e Licensed Electrical Contractor

Weekend, holiday and evening inspections are subject to additional fees.

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