



COVID TESTING

Project Name: _____
Production Company: _____
Contact Person for Daily Reporting: _____
Phone Number: _____
Email Address: _____

I certify that the above-named project will comply with the New Mexico Environment Department's COVID-19 reporting requirements pursuant to 11.5.1.16 NMAC, and will report daily, from the first day offices are opened to the last day of wrap, to the New Mexico Film Office the following information:

- Reporting date
- Testing Company
- Location(s) of cast/crew for reporting dates
- Type of test administered (ie PCR, Rapid response):
- Brand name of testing equipment:
- Total number of cast/crew tested
- Total number of positive tests

While daily reporting is required, daily testing is not required. Please send in reports no later than 10:00am each day. Report any production shutdown to the film office immediately.

Signature: _____

Printed name: _____

Date: _____

Send daily reports to:

Carrie Wells, NMFO Deputy Director

carrie@nmfilm.com

Morgan Tolen, NMFO Production Analyst

morgan@nmfilm.com