

# Safety Responsibilities

## PRODUCTION MANAGER

### Safety Program information for the Production Manager

The following information is for your specific position and is provided to help you understand your part in your Production's **Injury & Illness Prevention Program (IIPP)/Safety Program**.

### Responsibilities of the Production Manager

The **Production Manager** maintains a library of safety information including copies of all safety program documentation as described in the IIPP for Production. It is the Production Manager's responsibility, along with the Line Producer, to see to it that all necessary IIPP documentation (forms, certifications, etc.) are completed in a timely manner and forwarded to the Production Manager, and, when necessary, to the Production Executive, Production Attorney and **the Production Safety Consultant**.

### SAFETY PASS (Southern California)

**The only employees eligible for employment by your production must have received basic and specific safety training as evidenced by their fully completed Safety Pass.** New training requirements are added often, so please check everyone's Safety Pass status every season at [www.csatf.org](http://www.csatf.org).

### PRODUCTIONS WORKING OUTSIDE OF SOUTHERN CALIFORNIA

1. Productions working outside of Southern California are required to employ workers knowledgeable in the work they will be asked to do. Because there are many ways proficiency can be documented, different Department Heads will submit varying evidence of training. All of it is important.
2. **Please note: If you are hiring anyone directly from Southern California to work on your production, they must have completed all Safety Pass classes required for their job classification.**
3. **Productions working outside of Southern California may be eligible for free IATSE Training Trust Fund Area Standards Agreement Safety Training. Information is available at [www.iatsetrainingtrust.org/asa](http://www.iatsetrainingtrust.org/asa).**
4. Check that Departments operating heavy equipment are turning in copies of Certification for each piece of equipment they will be asked to drive (e.g. Forklift Safety Card, Aerial Platform Training, powder-actuated tool operator's "Hilti Card," etc.) Keep them on file.
5. Some Department Heads will be sending copies of **Tool Box Talks** they conducted; others will send signed copies of **Codes of Safe Practices (CSP's)**. Keep them on file.
6. Most importantly, make sure a signed **Employee Acknowledgment** for receipt of **(Form 1) General Safety Guidelines for Production** is on file for all employees from all departments.
7. If you need help arranging safety training for a production working outside of Southern California, **call the Production Safety Consultant**.

### Production Start-Up

#### **Implement the IIPP:**

1. As soon as possible, call the Production Safety Consultant to arrange for a **Production Safety Orientation** for your **Line Producer, 1st AD/Stage Manager, 2nd AD/Assistant Stage Manager, Transportation Coordinator, Construction Coordinator, Location Manager, Special Effects and Stunt Coordinators, and all key Department Heads**. (Immediately prior to your first full production meeting is a good time to hold this orientation.)
2. Obtain and read the **Production Safety Manual** from [www.safetyontheset.com](http://www.safetyontheset.com) the first week of employment. This manual is meant to provide guidance and clarification of possible questions.
3. Print at least 3 copies of the Production Safety Manual: One each for the Production Office, the Assistant Directors/Stage Managers, and the Construction Coordinator. A copy should be on all stages and locations as well.

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### **Coordinate the documentation of all safety program activities:**

See to it that the following have been turned into the Production Office, and copies sent to the Production Safety Consultant at the beginning of the production:

1. Employee Acknowledgment of General Safety Guidelines for Production (Form 1)
2. Employee Acknowledgment of Additional Safety Guidelines for Special Effects (Form 1B)
3. IIPP Contact List (Form 2)
4. Serious Incident Reporting Procedures (Form 4)

### **On Production**

1. See to it that the following are turned into the Production Office and **copies sent to the Production Safety Consultant on a regular basis:**

- a. Production Stage Hazard Assessment Checklist (Form 5)
- b. Mill/Stage/Location Construction Hazard Assessment Checklist (Form 6)
- c. Location Pre-Production Hazard Assessment Checklist (Form 7)
- d. Asbestos/Lead/Mold Guidelines (Form 7A)
- e. Prep/Strike Location Safety Information (Form 7B)
- f. Location On-Production Hazard Assessment Checklist (Form 8)
- g. Safety Guidelines for Extras and Theatrical Day Hires (Form 15)

2. See to it that the following are turned into the Production Office and copies sent to the Production Safety Consultant as they are completed:

- a. Accident Investigation Report (Form 9)
- b. Hazard Notification (Form 10)
- c. Notice of Unsafe Condition and Action Plan (Form 11)
- d. Safety Warning Notice (Form 12)
- e. Production Safety Meeting Report (Form 13)
- f. Request for Employee Safety Training (Form 14)
- g. Right of Refusal of Medical Aid (Form 16)
- h. Any special permits, environmental surveys, location safety reports, etc. daily Production Reports listing safety meetings, including key department head and new arrival meetings, stunt and special effects meetings, etc.

3. If your duties include distributing Calls Sheets, always attach any *AMPTP Safety Bulletins* or other notices deemed appropriate by your Line Producer or 1<sup>st</sup> or 2nd AD/Assistant Stage Manager

### **Injuries and Illnesses**

1. Please read the 2019 revised *Injury & Illness Reporting Procedures*, which are attached to this document. **Your Production Safety Consultant is NOT to receive Workers Comp forms or any employee's personal Health information.**
2. You should receive an **Accident Investigation Form (Form 9)** and a **Form 5020** or local equivalent from your Set Medic for every injured employee. If the patient has refused medical attention, you should also receive a completed **Right of Refusal of Medical Aid Form (Form 16)**. **Please be sure to email or fax these forms to the Production Safety Consultant at (818) 954-2805.**

### **Serious Accidents, Injuries and Mishaps**

Serious accidents, injuries and mishaps are incidents that require transportation by ambulance, visitation to the hospital by one or more employees, any treatments greater than general first aid or any serious property/asset damage.

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*In the event of a serious accident, injury or mishap, the **Line Producer**, or in his/her absence, the **1<sup>st</sup> Assistant Director** will follow the instructions on **Form 4 – Serious Incident Reporting Procedures**. It is the Production Manager's responsibility to see that correct reporting instructions are available to the Line Producer and 1st AD/Stage Manager.*

### **Show Wrap**

1. See to it that all IIPP documents have been collected and forwarded to the **Production Safety Consultant** or the **Production Executive** prior to closing the production office.
2. See to it that all borrowed safety equipment (harnesses, lanyards, ropes, etc.) has been returned to the Production Safety Consultant.

### **Hazardous Waste Disposal**

*It is Company policy that all chemicals will be disposed of in accordance with the laws of the city, county and state in which they are used. If you need to arrange for the disposal of paint or other chemicals, contact the Production Safety Consultant.*

## Production Safety Forms Chart

*The Production Manager is to keep a file of all Safety Forms, and to forward a copy of each completed form to the Department of Safety & Environmental Affairs. The chart below outlines when each form is due and whose duty it is to complete.*

Form	By Whom	When
<i>Form 1: Safety Guidelines for General Production</i>	Line Producer, Production Manager, Dept. Heads Production Manager	For all Production employees, once per season. (w/deal memo)
<i>Form 2: Contact List</i>	Stage Manager/1st AD Production Manager	At show start-up, once per season, or if info changes.
<i>Form 3: On-Set Safety Meeting for Crew and Cast</i>	Stage Manager/1st AD	At every new stage and location and when special activities are planned.
<i>Form 4: Serious Incident Reporting Procedures</i>	Production Manager	At show start-up, once per season, or if info changes.
<i>Form 5: Production Stage Hazard Assessment Checklist</i>	Stage Manager/1st AD or Key Grip	Any permanent stage or location, once every two weeks.
<i>Form 6: Mill/Stage/Location Construction Hazard Assessment Checklist</i>	Construction Coordinator/Staging Supervisor	During set construction, every two weeks.
<i>Form 7: Location Pre-Production Hazard Assessment Checklist</i>	Location Manager	For every location, once per season.
<i>Form 7A: Asbestos/Lead/Mold Guidelines</i>	Location Manager	For every location
<i>Form 7B: Location Prep/Strike Safety Information</i>	Location Manager	For every location
<i>Form 8: Location On-Production Hazard Assessment Checklist</i>	Location Manager	For every new location, once per episode.
<i>LAFD Film Location Inspection Checklist</i>	Stage Manager/1 <sup>st</sup> AD or Location Manager	For every L.A. City film permit location, every day.
<i>Form 9: Accident Investigation Report</i>	Line Producer, Stage Manager/ 1 <sup>st</sup> AD, Medic or Witness	To document accidents, injuries and illnesses.
<i>Form 15: Safety Guidelines for Extras and Theatrical Day Hires</i>	Assistant Stage manager/2 <sup>nd</sup> AD	Every day extras and theatrical day hires are used.
<i>Form 15A: Second AD Safety Meeting</i>	Assistant Stage Manager/2nd AD	Every day at every stage or location
<i>Form 16: Right of Refusal of Medical Aid</i>	Medic	For any injured employee who refuses medical aid.
<i>Form 10 - 14</i>	Anyone	As needed.

**Safety Program Form Completion Chart -Revised October 2019**

# CONTACT LIST FOR INJURY AND ILLNESS PREVENTION PROGRAM FOR PRODUCTION

<b>Production Name:</b>		<b>Production Location:</b>	
<b>Today's Date:</b>		<b>To Be Completed By:</b>	<i>Production Manager</i>
<b>To Be Retained By:</b>	<i>Production Manager</i>	<b>To Be Sent To:</b>	<i>Production Safety Consultant</i>
<b>Instructions:</b>	<i>When: At beginning of production. Frequency: Once, unless contact information changes.</i>		
<i>Position</i>	<i>Name</i>	<i>Office Phone</i>	<i>Emergency Phone</i>
Line Producer			
Field Producer/Segment Producer			
Production Manager			
Stage Manager/1 <sup>st</sup> AD			
Construction Coordinator/ Staging Supervisor			
Transportation Coordinator			
Production Executive			
Production Attorney			
Production Safety Consultant			

# ACCIDENT INVESTIGATION REPORT

(Send to Production Manager when completed.)

*To be completed for EVERY injury or illness, regardless of severity.  
For serious injuries or illnesses, see Form 4: Serious Incident Reporting Procedures.*

EMAIL OR FAX (818-954-2805) TO PRODUCTION SAFETY CONSULTANT WITHIN 24 HOURS OF ACCIDENT

PRODUCTION NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

INJURED'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_

TIME OF ACCIDENT: \_\_\_\_\_ AM \_\_\_ PM \_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_

## Type of Injury/Illness

(Check all that apply)

Fracture	Amputation	Head Injury	1 <sup>st</sup> Degree Burn	Foreign Body in Eye	Bite/Sting
Strain	Laceration	Neck Injury	2 <sup>nd</sup> Degree Burn	Contact Dermatitis	Splinter
Sprain	Avulsion	Back Injury	3 <sup>rd</sup> Degree Burn	Allergic Reaction	Nausea
Dislocation	Abrasion	Abdomen Injury	Tooth Injury	Rash	Illness*
Contusion	Puncture	Crushing Injury	Hearing Loss	Infection	Other*

- Describe Illness or Other:

## Injured Part of Body

(Check all that apply)

	Head	Chest	Shoulder	Wrist	Upper Leg	Foot	Eye	Mouth
Right	Neck	Ribs	Upper Arm	Back of Hand	Knee	Toe	Nose	Tooth
Left	Back	Abdomen	Elbow	Palm of Hand	Lower Leg	Forehead	Cheek	Throat
	Buttocks	Pelvis Area	Lower Arm	Finger (Digit_____)	Ankle	Ear	Chin	Other*

- Describe Other:

Explain Cause of Accident and Nature of Injury: (DO NOT SPECULATE)

Corrective Action Taken to Prevent Recurrence:

Witnesses, If Any:

Form Completed By (Print):

Title:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RIGHT OF REFUSAL OF MEDICAL AID

**Show Name:** \_\_\_\_\_

I hereby refuse the first aid treatment recommended to me by the First Aid Person employed by my production for the illness or injury incurred by me on this date.

In signing this waiver, I release the First Aid Person, the Production and its personnel from any liability resulting from this refusal to accept such first aid treatment.

\_\_\_\_\_  
Injured's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Injured's Name (print) / Injured's Cell #

\_\_\_\_\_  
Job Title or Position

\_\_\_\_\_  
Guardian's Name in case of minor

\_\_\_\_\_  
Relationship to Injured

\_\_\_\_\_  
First Aid Person Signature

\_\_\_\_\_  
First Aid Person Name (print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (print) / Witness Cell #

This form should be signed, dated and returned to the Production Safety Representative.

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_