

Safety Responsibilities

TRANSPORTATION CAPTAIN/COORDINATOR

Safety Program Information for Transportation Captain/Coordinator

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 Transportation Captain/Coordinator

The Transportation Captain/Coordinator is responsible for conveying current safety requirements to all transportation crewmembers, provides guidance for meeting IIPP goals and supervises, trains and sees to it that the transportation department heads/supervisors meet their IIPP responsibilities.

Production Start-Up

1. Obtain and read the **IIPP/Safety Manual** from the **Line Producer** or **safetyontheset.com** the first week of employment. The manual is meant to provide guidance and clarification of possible questions. It is available for further review from the Line Producer or Production Manager.
2. Attend the mandatory IIPP training meeting.
3. Hire only employees who have the proper safety training for, and who understand how to safely perform, any task they are asked to do. (In Southern California, this includes completion of all Safety Pass training required by their job classification. See www.csatf.org for more information.) If you need help arranging training, call the **Production Safety Representative**.
4. Make sure everyone on your transportation crew is given a copy of **Form 1 – General Safety Guidelines for Production** and signs the accompanying **Employee Acknowledgment**.
5. **U.S. Department of Transportation (DOT)**: Transportation Captain/Coordinator is responsible for arranging all compliance with DOT regulations, including drug testing program, drivers' logs, etc. Call the **Production Safety Representative** for information on compliance vendors.

On Production

Implement the IIPP:

1. Conduct safety meetings on the first day of work for your crew:
 - a. Explain the safety program.
 - b. Check all drivers to see that they carry a Certification for each piece of equipment they will be asked to drive (e.g. forklift drivers have a Forklift Safety card; aerial platform operators have a "Condor Card", etc.) Make a copy of these certifications and keep them on file with the Production Manager. **In Southern California, this training is provided by the Safety Pass Program.*
 - c. Discuss the safety aspects of the week's/day's activities and the potential hazards of the location.
 - d. Discuss safety precautions to be followed around any specialized equipment that may present a potential hazard (e.g. insert car, process trailer, cranes, booms, helicopters, etc.).
 - e. Discuss elements of the **Emergency Plan**, such as the location of emergency equipment, exits, and telephones on all stage or interior sets and off-lot locations, and explain emergency procedures, such as evacuation plans in case of a fire. Drivers should inspect any emergency equipment on vehicles.
2. Conduct or arrange safety training for all transportation crew members
 - a. Any heavy construction equipment they will be expected to operate.
 - b. Tools, equipment, or vehicles.
 - c. Consult with Line Producer or the Production Safety Representative to determine the specific training needs of the production.
 - d. Document all training and forward to the Production Manager.
3. Conduct additional safety meetings in the following situations:
 - a. Anytime the crew is exposed to a new hazard (e.g. driving hazards, new equipment, high tension wires or any other site concern, etc.)

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- b. Whenever a new crew member or independent contractor arrives (This may be delegated to the foreperson).
- c. Anytime there is a significant change in work site or multiple work sites the foreperson at each site should conduct a Safety Orientation.
3. See to it that safety literature is properly distributed:
 - a. Give *General Safety Guidelines for Production*, written, orally or posted, to all those who report directly to the site for hire, such as casual hires and see that they sign an Employee Acknowledgment.
 - b. Return signed Employee Acknowledgments to the Production Manager daily.
 - c. Distribute AMPTP Safety Bulletins (available at safetyontheset.com) relating to specific hazards as they occur and/or attach to the call sheet (e.g. road conditions, extreme weather, etc.).
 - d. With help from the Production Safety Representative, see to it that special literature, such as Safety Data Sheets (SDS) or industrial hygiene test results are available if requested by any crew member.
4. Document all safety activities:
 - a. Document all safety training using the daily Production Report.
 - b. Forward copies to the Production Manager.

Communicate and Troubleshoot:

1. See to it that all vehicles are inspected daily to be sure they are free from recognized hazards and correct any that are found. This can be done by the operator.
2. See to it that safety equipment is provided and being used (e.g. wheel chocks, back up warning signal, deadman switches on elevated truck lifts, etc.).
3. Verify, again, that your crew has the proper license(s) to operate assigned equipment and vehicles.
4. Consult with the Line Producer and/or the Production Safety Representative to resolve safety concerns.
5. Correct any hazards discovered on equipment and vehicles.
6. Enforce the ***General Safety Guidelines for Production***. Use the ***Safety Warning Notice (Form 12)*** to document verbal warnings, and disciplinary actions.
7. Resolve crew safety issues.

Coordinate response to serious accidents and emergencies:

1. Respond to all work site emergencies and accidents affecting the crew.
2. Summon emergency medical assistance immediately (911).
3. Clear the area and protect the crew from further injury.
4. Preserve evidence for further investigation.
5. Immediately notify the Line Producer. If not available, notify the 1st AD/Stage Manager and the Production Safety Representative.
6. See that the ***Accident Investigation Report (Form 9)*** is completed and submitted to the Production Manager.

Coordinate OSHA/Government Inspector/Investigator activities:

If visited by **OSHA**, or other governmental agency, take the following actions:

1. Immediately notify the Line Producer. If not available contact the First AD and the Production Safety Representative.
2. Request the official's credentials and determine their validity.
3. Determine the nature of the visit. Be courteous, but cautious.
4. See to it that all work activity is stopped in the area to be inspected/investigated.
5. The Line Producer, 1st AD/Stage Manager or Construction Coordinator will accompany the inspector/investigator on the site survey.
6. Refer to "OSHA Inspection Guidelines" and "Regulatory Agency Inspection Guidelines" in the IIPP/Safety Manual for more information.

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 st Degree Burn	Foreign Body in Eye	Bite/Sting
Strain	Laceration	Neck Injury	2 nd Degree Burn	Contact Dermatitis	Splinter
Sprain	Avulsion	Back Injury	3 rd 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: _____