

Special Effects Risk Assessment

IMPORTANT

This assessment will be invalid if the relevant control measures identified below cannot be fully and properly implemented. If this is the case, the activity must be reassessed.

PRODUCTION TITLE	EPISODE/SCENE NUMBER	FILMING DATE
SPFX COORDINATOR	STUNT COORDINATOR (if applicable)	

Time of Day	DAY SHOOT	NIGHT SHOOT
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Location:	INTERIOR	EXTERIOR
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If exterior, is inclement weather a factor? If yes, identify which hazards are of concern due to weather.	YES	NO
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Please continue on separate page if necessary.

Are actors or minors involved in the scene/sequence?	YES	NO
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If "yes", contact the Production Safety Representative if actors or minors are involved in the scene/sequence.

Is an engineering review necessary for the planned sequence?	YES	NO
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Examples include: Use of mobile equipment such as construction cranes/RTFLs/Aerial lifts, etc. Contact your Production Safety Representative to discuss.

Describe the details of the special effect or sequence to be performed:						
Propane/ Open Flames	Pyrotechnics	Car Flipper	Pod/Gimbal	Atmospheric Effects (Dust, Smoke, Fog)	Crane/Telehandler	Other
<p>Upload any Pre-Viz, Storyboards, images or diagrams. Click on the boxes below to select a file.</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid gray; width: 200px; height: 100px;"></div> <div style="border: 1px solid gray; width: 200px; height: 100px;"></div> <div style="border: 1px solid gray; width: 200px; height: 100px;"></div> </div>						

Hazards: Identify all hazards and who is at risk.	Control Measures: Measures to mitigate hazards.

Permit/s Required for planned effect or sequence:					
Risk Level Before Controls	H	M	L	Residual Risk Level	H M L

Emergency Response		
First Aid Attendant/Medic	EMT/Ambulance	Other

Fire Protection	
N/A	Fire Extinguishers Type: _____
Fire Protection Specialists eg. Fire Safety Officer/ Fire Department or Brigade	Other (Please specify: e.g. extrication, etc.)

Risk Assessment distributed to:		
Name	Position Producer	Contact Number
Name	Position Production Manager	Contact Number
Name	Position Production Safety Representative	Contact Number
Name	Position	Contact Number

SPFX Coordinator:	
Signed:	
Date:	