

Safety Responsibilities

STAGE MANAGER/FIRST ASSISTANT DIRECTOR

Safety Program information for the Stage Manager/First Assistant Director (1st AD)

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 Stage Manager/1st AD

As the Stage Manager/1st AD, you are responsible for conveying current safety requirements to all production crew members, for providing guidance for meeting IIPP goals, and for ensuring that key department heads meet their IIPP responsibilities. The Stage Manager/1st AD is the person responsible for implementing the Safety Program on the Production side when the cameras are rolling and the set is active and shooting.

Production Start-Up

1. Visit **www.safetyontheset.com** to familiarize yourself with the safety information available, (AMPTP Safety Bulletins, Tool Box Talks, etc.) and read the **Television Production Safety Manual**. (You should receive a copy of the Safety Manual from your Production Manager.)
2. Review the General Safety Guidelines for Production and sign the acknowledgment form.
3. Attend the DGA General Safety Awareness presentation (strongly recommended.)
4. Please allow about 30 minutes before the start of your first Production Meeting for **the Production Safety Representative** to give the **Safety Orientation** to Department Heads.

On Production

Implement the IIPP:

1. Discuss all potential safety concerns with the Location Manager, Line Producer, Field Producer, Segment Producer, Special Effects/ Stunt/Transportation/Construction Coordinators, and key department heads during the script read through and/or Production Meeting.
2. **Conduct a safety meeting on the first day of production for cast and crew:**
 - a. Briefly explain the safety program.
 - b. Discuss the safety aspects of the week's/day's activities and any potential hazards of the location.
 - c. 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 fire. *(The instructions for this meeting are on **Form 3 – On-Set Safety Meeting for Crew and Cast.**)*
 - 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 the Heat Illness Prevention Plan (temps above 80 degrees F), the progression of Heat Illness symptoms, the location of water and other steps to taken to help employees stay cool and safe.**
 - f. Procedures for severe weather if appropriate.
 - g. The name and location of the Set Medic.
3. Conduct additional meetings in the following situations:
 - a. When a stunt or special/mechanical effect is to occur (e.g. pyrotechnics, high-fall, car stunt, etc.). Document stunts and special effect rehearsals on the daily Production Report.
 - b. When there is a substantial change to the stunt or special effect, another rehearsal should be held and documented on the daily **Production Report**.
 - c. Anytime the cast and crew are exposed to potential hazards (e.g. helicopter, exotic animal, water, extreme heat or cold, etc.).
 - d. Anytime new cast or crew joins the production.
 - e. Anytime a new process, substance or procedure is introduced (e.g. firearms, vehicle, gimbals, FX smoke, crane, etc.).
 - f. **At every new stage or location.**

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4. **Document all Safety Meetings in the Production Report. Include the following information:**
 - a. Mark the time and location of the safety meeting.
 - b. Bullet point the specific subjects covered.
 - c. Mark who was there if specific departments/people.
 - d. *It is not enough to simply write "Safety Meeting held at call."*
5. See to it that safety literature is properly distributed:
 - a. Distribute the **AMPTP Safety Bulletin** (found at www.safetyontheset.com) covering the specific hazard to cast and crew or attach to the call sheet (e.g. helicopter, firearm, special f/x smoke, etc.) or special/mechanical effect is to occur (e.g. pyrotechnics, high-fall, car stunt, etc.).
 - b. With help from the Production Safety Representative, see to it that special literature, such as **Safety Data Sheets (SDS's)** or industrial hygiene test results are available if requested by any cast or crew member (e.g. assessment of any exposure to products, such as special effects, smokes, fogs, paints, dust, etc.) Post SDS's at the worksite.
6. While on production, confirm that all sets have been inspected and are free from recognized hazards.
 - a. The **Production Stage Hazard Assessment Checklist (Form 5)** should be used to document this inspection while on your permanent stages.
 - b. The **Location On-Production Hazard Assessment Checklist (Form 8)** should be used while on location.

Communicate and Troubleshoot:

1. See to it that appropriate safety equipment is available and is used when needed by cast and crew (*e.g. earplugs, harnesses, safety belts, etc.*).
2. Consult with the Line Producer to resolve script safety concerns (*e.g. special effects, stunts or other special hazards*).
3. Make sure cast and crew safety concerns have been addressed and resolved:
 - a. Correct hazards discovered on the set (e.g. blocked exits, blocked fire lanes, trip and fall hazards, etc.)
 - b. Address cast member concerns until they are resolved.

<i>Instruct your Medics to immediately notify the Line Producer in the event of any serious injury or illness.</i>

Coordinate Response to Serious Accidents and Emergencies:

1. Read the **Injury and Illness Reporting Procedures attached to this document.**
2. Respond to all on-set emergencies and accidents that result in serious injury, death, major property damage, hospitalization or events that create imminent danger.
3. Summon emergency medical assistance immediately (*e.g. paramedics, fire department, police, etc.*)
4. Clear the area and protect cast and crew from further injury.
5. Preserve the evidence for further investigation.

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.

1. For serious accidents as defined above, the Production Safety Representative will direct you to complete an **Accident Investigation Report (Form 9)**. The completed report should be sent to the **Production Safety Representative** and **Risk Management**.
2. Any accident should be noted on the back of the Production Report on the date the accident occurred by identifying only the name of injured employee and classification.
3. Under the guidance of the Studio Legal Department, the Production Safety Representative will conduct any additional accident investigations necessary.

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CAUTION: Written and/or verbal statements should not be taken unless authorized by the Production Attorney or Studio Legal Department. Speculation regarding the causes(s) of an accident are not be included as part of any Accident Investigation Report (Form 9). Speak with your Production Safety Representative for direction.

OSHA/Government Inspector/Investigation Activities:

If you are ever visited or contacted by **OSHA**, or any government agency, contact the **Line Producer** and the **Production Safety Representative** immediately. Also contact the **Production Executive and Production Attorney**.

1. Immediately notify the Line Producer.
2. Request the official's credentials and determine their validity. If unavailable, Stage Manager/1st AD should remain with the inspector for the duration of the visit.
3. Tell the inspector it is company policy to have the **Production Safety Representative** present for any inspection. Ask them politely to wait and call the Production Safety Representative immediately.
4. Determine the nature of the visit. Be courteous, quiet, and cautious.
5. If the inspector refuses to wait, accompany the official directly to the site in question. Go straight to the site and try not to let the official wander into other areas.
6. Do not sign anything or provide written documentation. Ask that their request for documentation be placed in writing so it may be responded to in writing.
7. Ask for explanations of the problem and welcome any suggestions for corrective action. If possible, make corrections immediately.
8. If the inspector/investigator wants to take photographs, they may. You should however take your own pictures of any area that they photograph.
9. Answer questions directly; however, do not volunteer information.
10. Make detailed notes immediately after the official has departed. Copies are to be sent to the **Production Attorney** and to the Production Safety Representative.
11. Refer to "OSHA Inspection Guidelines" and "Regulatory Agency Inspection Guidelines" in the **Production Safety Manual** for more information.

Document IIPP Activities:

1. All completed Safety Forms
2. Any training given to cast or crew
3. Accident and injury reports
4. Correspondence with OSHA or other governmental agencies.

Show Wrap:

If necessary, review the Safety Program with the Line Producer and the Production Safety Representative for possible improvements and adjustments.

On-Set Safety Meeting for Crew and Cast

At every stage and location, the Stage Manager/1st AD should conduct an on-set safety meeting with all Crew and Cast. The outline below should be used as a guide for subjects to be covered. In addition, the meeting should be recorded in the Daily Production Report – including time, location, specific topics covered and who was there if specific departments or people. A separate meeting should be held at every stage and/or location for any given day.

Production Name:

Date:

Time:

AM PM

Location:

Meeting Conducted By: (Name)

(Title)

SAFETY MEETING CHECKLIST

☐ **Emergency Plan:**

- Local Emergency Response telephone number
- Fire alarm pull stations
- Emergency exits
- Escape routes
- Post-evacuation assembly area
- DO NOT re-enter evacuated building until okayed by Fire Dept.

☐ **Name and location of Set Medic**

☐ **Location-specific hazards: lead paint, asbestos, traffic, etc.**

☐ **Potential hazards of planned activities: stunts, FX, drones, etc.**

☐ **Heat Illness Prevention Plan if temperatures above 80 F.**

☐ **If you are too tired or ill to work safely or drive home safely, tell Supervisor.**

☐ **Report any safety concerns to the Anonymous Safety Hotline at (818) 954-2800 or 877-566-8001.**

PRODUCTION STAGE HAZARD ASSESSMENT CHECKLIST

For any items found to be deficient, follow up with appropriate Key or Department Head, or Production Safety Consultant

Production Name:		To Be Completed By:	<i>Stage Manager/1st AD Key Grip</i>
Copies Sent To:	<i>Production Safety Consultant</i>	To Be Stored By:	<i>Production Manager</i>
Production Location:		Today's Date:	
Special Instructions:	<i>Complete a Hazard Assessment Checklist every other week for every stage used by Production. **Mark "N/A" for any items not applicable to your stage.**</i>		

GENERAL

<input type="checkbox"/>	<input type="checkbox"/> N/A	Safety Poster completed and displayed in a location where all employees are likely to see it.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Entrances to stage are clear of trip hazards.
<input type="checkbox"/>	<input type="checkbox"/> N/A	General housekeeping in good order.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Fire extinguishers accessible and "FIRE EXTINGUISHER" signs visible.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Appropriate safety equipment available.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Four-foot perimeter, aisles and passageways free of hazards.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Flats appropriately secured and braced.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Pits and floor openings covered or otherwise guarded.
<input type="checkbox"/>	<input type="checkbox"/> N/A	All exits free of obstructions and "EXIT" signs visible.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Directions to exits, when not immediately apparent, marked with visible signs.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Standard stair rails or handrails on all stairways having four or more risers.
<input type="checkbox"/>	<input type="checkbox"/> N/A	No storage under occupied raised platforms.

PAINT AND CHEMICAL PRODUCTS

<input type="checkbox"/>	<input type="checkbox"/> N/A	Covered metal cans used for paint and paint-soaked waste.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Portable eye wash station present and "EYE WASH" sign is visible.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Paints, adhesives, solvents and chemicals kept in closed containers when not in use.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Each container (vat, bottle, storage tank, etc.) for a hazardous substance labeled with product identity and hazard warning.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Pressure vehicles/cylinders properly stored.
<input type="checkbox"/>	<input type="checkbox"/> N/A	All propane has been removed from the stage.
<input type="checkbox"/>	<input type="checkbox"/> N/A	All paint and chemical-containing products disposed of properly using certified hazardous waste company.
<input type="checkbox"/>	<input type="checkbox"/> N/A	No paint or chemical products allowed in storm drains, sinks, or toilets.

AERIAL PLATFORMS AND LADDERS

<input type="checkbox"/>	<input type="checkbox"/> N/A	Only trained and authorized personnel allowed to operate aerial platforms.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Approved safety harnesses and lanyards worn when using aerial platforms.
<input type="checkbox"/>	<input type="checkbox"/> N/A	All ladders maintained in good condition and safety labels visible. (Take note of joints between steps and side rails, all hardware and fittings, and movable parts.)
<input type="checkbox"/>	<input type="checkbox"/> N/A	Ladders kept clear of doorways, exits, and passageways.
<input type="checkbox"/>	<input type="checkbox"/> N/A	When a ladder is used to gain access to an elevated work area, the ladder extends at least 3 feet above the elevated surface.

PERMANENTS - Catwalks

<input type="checkbox"/>	<input type="checkbox"/> N/A	Guard rails (top and middle) and toe boards present and properly secured on all sides of the catwalks (except at the entrance to stairways or ladders.)
<input type="checkbox"/>	<input type="checkbox"/> N/A	Catwalks free of trip hazards (rope, bracing, electrical cables, protruding nails, etc.)
<input type="checkbox"/>	<input type="checkbox"/> N/A	All floating slats in place and spaced correctly.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Sufficient access and working space provided and maintained about all electrical equipment to permit ready and safe operations and maintenance.
<input type="checkbox"/>	<input type="checkbox"/> N/A	House lighting in good working order.

(Form continues on back of page.)

PERMANENTS - "O" Zones		
<input type="checkbox"/>	<input type="checkbox"/> N/A	Fall protection systems being used.
<input type="checkbox"/>	<input type="checkbox"/> N/A	"O" Zones free of trip hazards (rope, protruding nails or bracing, etc.)
<input type="checkbox"/>	<input type="checkbox"/> N/A	Hoisting areas designated and appropriate for the task.
<input type="checkbox"/>	<input type="checkbox"/> N/A	When hoisting material or equipment, provisions made to assure no one will be passing under the suspended loads.
PERMANENTS - Electrical		
<input type="checkbox"/>	<input type="checkbox"/> N/A	All wires and/or cords free of fraying and deteriorating insulation.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Electrical cords or cables routed neatly to one side of the catwalk to prevent tripping.
<input type="checkbox"/>	<input type="checkbox"/> N/A	The bull cans have "WARNING" signs.
<input type="checkbox"/>	<input type="checkbox"/> N/A	The bull cans are closed.
<input type="checkbox"/>	<input type="checkbox"/> N/A	All set lights and/or overhead lighting fixtures (e.g. chandeliers) have a safety tie.
<input type="checkbox"/>	<input type="checkbox"/> N/A	DC or AC cable runs and over current protection devices clearly identified and marked.
GREEN BEDS		
<input type="checkbox"/>	<input type="checkbox"/> N/A	Green beds properly hung.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Green beds properly braced.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Hand and mid rails in place.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Cables properly stored or run neatly down one side of green bed.
<input type="checkbox"/>	<input type="checkbox"/> N/A	Floor boards in good condition, not broken or holes outstanding.
<input type="checkbox"/>	NOTES: <i>Please contact the Production Safety Consultant if any unsafe conditions exist.</i>	
<input type="checkbox"/> Surveyed By:		<input type="checkbox"/> Title:
<input type="checkbox"/> Signature:		

The following information is presented as a general safety checklist to help identify potential production location safety issues.

(Form 8) Location On-Production Hazard Assessment Checklist

INJURY AND ILLNESS REPORTING PROCEDURES

ALL INJURIES TO CREW OR CAST MEMBERS MUST BE REPORTED TO THE PRODUCTION SAFETY CONSULTANT.

Form 9: Accident Investigation Report should be completed for every injury or illness, no matter the severity.

Serious Incident Reporting Procedures:

A Serious Incident is an injury or illness that results in transportation by ambulance, visitation to the hospital by one or more employees, any treatments other than general first aid*, any near miss during stunts or special effects, any injury – even minor – to cast members or stunt performers, or any serious property/asset damage.

**An OSHA chart of treatment that is considered First Aid is attached.*

Please note: *These are SAFETY PROGRAM procedures. Workers Comp requires different documentation. Because sensitive personal medical information is often included, please DO NOT send Workers Comp forms or reports to the Production Safety Consultant unless specifically requested.*

LINE PRODUCER:

- If the injury or illness meets the criteria for a serious incident, **IMMEDIATELY** notify your **Production Safety Consultant**, who will make all necessary notifications.
- **Accident Investigation Report – Form 9.**
 - Every section of this form needs to be completed, including “Steps taken to prevent recurrence.”
 - This form can be completed by the person having the most knowledge of the incident: Medic, Department Head, Production Manager, Line Producer. The Production Safety Consultant will assist if requested.
- Some injuries and illnesses require timely **OSHA notification**. The Production Safety Consultant will make this notification, based upon information from you.
- **Forward completed Form 9 to Production Manager.**

MEDIC:

- **IMMEDIATELY** notify the Line Producer of the injury or illness.
- Fill out ***Employer’s Report of Occupational Injury or Illness (Form 5020)*** or local equivalent.
- If employee refuses recommended treatment or transportation to the hospital, have employee complete and sign ***Right of Refusal of Medical Aid – Form 16.***
- **Forward completed Form 5020 and Form 16 to Production Manager.**

POC:

- **Forward completed Form 9 and Form 16 to Production Safety Consultant.**
- Forward Form 5020 if requested by Production Safety Consultant
- If patient is hospitalized, keep Production Safety Consultant updated on status.

PRODUCTION SAFETY CONSULTANT:

- Will notify OSHA if required.
- Will conduct additional investigation if needed.
- Will assist with any OSHA or other agency investigations.

First Aid List

1904.7 (b)(5)(ii) What is “first aid”?

For the purposes of Part 1904, "first aid" means the following:

(A)	Using a nonprescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
(B)	Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
(C)	Cleaning, flushing or soaking wounds on the surface of the skin;
(D)	Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc. are considered medical treatment);
(E)	Using hot or cold therapy;
(F)	Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
(G)	Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
(H)	Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
(I)	Using eye patches;
(J)	Removing foreign bodies from the eye using only irrigation or a cotton swab;
(K)	Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
(L)	Using finger guards;
(M)	Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
(N)	Drinking fluids for relief of heat stress.

(iii) Are any other procedures included in first aid?

No, this is a complete list of all treatments considered first aid for Part 1904 purposes.

ACCIDENT INVESTIGATION REPORT

(Send to Production Office Coordinator 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 REPRESENTATIVE 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: