

General Risk Assessment

PRODUCTION TITLE	EPISODE / SCENE No.	FILMING DATE

TIME OF DAY:	DAYLIGHT SHOOTING <input type="checkbox"/>	NIGHTSHOOTING <input type="checkbox"/>
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LOCATION:	INTERIOR <input type="checkbox"/>	EXTERIOR <input type="checkbox"/>
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IF EXTERIOR, could weather increase the risks? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes identify which hazards are of concern due to weather factors.

Please continue on separate page if necessary

Personnel:	
Name:	Involvement Detail
Name:	Involvement Detail
Name:	Involvement Detail
Name:	Involvement Detail

Contact the Production Safety Manager or Risk Management if Cast or Minors are involved in the work

Safe Work Procedures:

Hazards: Identify all hazards	Control Measures: Measures to protect cast, crew and public at large as required
Risk Level Before Controls H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>	Residual Risk Level H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>

Refer to Risk Assessment Guidance Document to assess risk levels

Emergency Response:		
N/A <input type="checkbox"/>	First Aid Attendant <input type="checkbox"/>	EMT/Ambulance <input type="checkbox"/>

Fire Protection:	
N/A <input type="checkbox"/>	Fire Extinguishers <input type="checkbox"/>
Fire Protection Specialists <input type="checkbox"/>	Other <small>(Please specify)</small> <input type="checkbox"/>

This Risk Assessment will be distributed to:		
Name	Position Production Manager	Contact Number
Name	Position Risk Manager	Contact Number
Name	Position Production Safety Manager	Contact Number

Name:	
Signed:	
Date:	