PRODUCTION SAFETY MEETING REPORT

This form is to be utilized when a Safety Meeting cannot be documented on the **Daily Production Report.**

| | Daily Pro | • | |
|-----------------------|---|------------------------|---------------------------------------|
| Production Name: | | To Be Completed By: | UPM/f st AD or Designee |
| Copies Sent To: | Safety | To Be Stored By: | Production Office Coordinator |
| Production Location: | | Today's Date: | |
| Special Instructions: | When: For productions when additional safety planning is required for an event. Frequency: As needed. | | |
| Meeting Location: | | | |
| Conducted By: | Title: | | |
| Cast/Crew Craft or C | ategory: | | |
| | SUBJECT(| (S) DISCUSSED | |
| | ATT | ENDEES | |
| D : . N | | | |
| Print Name | | Title | Sign Name |
| Print Name | | | Sign Name |
| Print Name | | | Sign Name |
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| Print Name | | | Sign Name |
| Print Name | | | Sign Name |
| Print Name | | | Sign Name |
| Print Name | | | Sign Name |
| Print Name | | | Sign Name |

Additional attendees should be noted using sheet on Page 2.

| Production Safety Meeting Report Attendees | | | |
|--|-------|-----------|--|
| Print Name | Title | Sign Name | |
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