

Production Safety- Related Activity Notification

Clear Form

Production Name: Episode:

Completed by: Date:

For each episode, and as far in advance as possible, Production should indicate below any upcoming safety-related activities based on the script and production meetings.

Once completed, please submit to your Production Safety Representative and Risk Management Representative.

Firearms/Weapons		Pyrotechnics/Flames/Special Effects	
<input type="checkbox"/> Rifles/Shotguns	<input type="checkbox"/> Edged/Piercing	<input type="checkbox"/> Explosions	<input type="checkbox"/> Artificial Smoke/Fog
<input type="checkbox"/> Handguns	<input type="checkbox"/> Crossbow	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Weather Effects
<input type="checkbox"/> Automatic/Machine gun	<input type="checkbox"/> Bow and Arrow	<input type="checkbox"/> Flames	<input type="checkbox"/> Bullet Hits/Squibs
<input type="checkbox"/> Gas Gun	<input type="checkbox"/> Blanks	<input type="checkbox"/> Sparks	<input type="checkbox"/> Car Flipper
<input type="checkbox"/> Other: <input type="text"/>		<input type="checkbox"/> Other: <input type="text"/>	
Specialized Vehicles/Equipment/Transportation		Water	
<input type="checkbox"/> Military vehicles: <i>Tanks, Personnel carriers, etc.</i>	<input type="checkbox"/> Motorcycles	<input type="checkbox"/> Jet Ski	<input type="checkbox"/> Swimming/Immersion
<input type="checkbox"/> Heavy Equipment: <i>Cranes, Excavators, etc.</i>	<input type="checkbox"/> Gimbals	<input type="checkbox"/> Kayak/Canoe	<input type="checkbox"/> Boat/Water vessel
<input type="checkbox"/> All-Terrain Vehicles/UTVs	<input type="checkbox"/> Trains	<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Water skiing
<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Hydraulics/Animatronics	<input type="checkbox"/> Submersible	<input type="checkbox"/> Water Tank
	<input type="checkbox"/> Industrial: <i>Lifts, etc.</i>	<input type="checkbox"/> Surfing	<input type="checkbox"/> Wave Generator
<input type="checkbox"/> Other: <input type="text"/>		<input type="checkbox"/> Other: <input type="text"/>	
Stunts		Aerial	
<input type="checkbox"/> Air Ram	<input type="checkbox"/> High Fall	<input type="checkbox"/> Fixed wing aircraft	<input type="checkbox"/> Hang Glider
<input type="checkbox"/> Body Burn	<input type="checkbox"/> Vehicle jump/flip	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Parachute/Parasail
<input type="checkbox"/> Descender/Wire Work	<input type="checkbox"/> Vehicle chase/collision	<input type="checkbox"/> Helicopter: external load	<input type="checkbox"/> Hot Air Balloon
<input type="checkbox"/> Ratchet Pull	<input type="checkbox"/> Fights	<input type="checkbox"/> Drone/UAV	
<input type="checkbox"/> Other: <input type="text"/>		<input type="checkbox"/> Other: <input type="text"/>	
Animals/Wildlife			
<input type="checkbox"/> Predators: <i>Bears, lions, Crocodiles, etc.</i>	<input type="checkbox"/> Pests: <i>Rodents, Ticks Mosquitos, etc.</i>	<input type="checkbox"/> Venomous: <i>Snakes, Scorpions, etc.</i>	<input type="checkbox"/> Invasive Species
<input type="checkbox"/> Other: <input type="text"/>			
Unusual Locations/Activities			
<input type="checkbox"/> Airport	<input type="checkbox"/> Highrise	<input type="checkbox"/> Mountain	<input type="checkbox"/> Shipyard
<input type="checkbox"/> Amusement Park	<input type="checkbox"/> Historical site	<input type="checkbox"/> Power Plant	<input type="checkbox"/> Storm Chasing
<input type="checkbox"/> Border Crossing	<input type="checkbox"/> Hospital	<input type="checkbox"/> Prison	<input type="checkbox"/> Subway
<input type="checkbox"/> Carnival	<input type="checkbox"/> Inclement weather: Heat/ Cold, etc.	<input type="checkbox"/> Rail Trolley	<input type="checkbox"/> Train Yard
<input type="checkbox"/> Cave	<input type="checkbox"/> Junkyard	<input type="checkbox"/> Refinery	<input type="checkbox"/> Trenches
<input type="checkbox"/> Demolition	<input type="checkbox"/> Military Base	<input type="checkbox"/> River/Lake/Ocean	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Desert	<input type="checkbox"/> Mine/Quarry	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Wilderness
<input type="checkbox"/> Farm	<input type="checkbox"/> Other: <input type="text"/>		
<input type="checkbox"/> Other: <input type="text"/>			

Enter further activity details and filming dates (if known) on the following page.

