

PRODUCTION STAGE HAZARD ASSESSMENT CHECKLIST

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

Production Name:		To Be Completed By:	<i>1st Assistant Director or Designee</i>
Copies Sent To:	<i>Production Safety Representative</i>	To Be Stored By:	<i>Production Office Coordinator</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	<i>Safety Poster</i> 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	<i>No paint or chemical products allowed in storm drains, sinks, or toilets.</i>

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 Representative if any unsafe conditions exist.</i>
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<input type="checkbox"/> Surveyed By:	<input type="checkbox"/> Title:
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<input type="checkbox"/> Signature:
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