

Stunt Risk Assessment

IMPORTANT

This assessment will be invalid if the relevant control measures identified below cannot be fully and properly implemented. If this is the case, the activity must be reassessed.

PRODUCTION TITLE	EPISODE/SCENE NUMBER	FILMING DATE
STUNT COORDINATOR	KEY STUNT RIGGER	SPFX COORDINATOR (if applicable)

Time of Day	DAY SHOOT	NIGHT SHOOT
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Location:	INTERIOR	EXTERIOR
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If exterior, is inclement weather a factor?	YES	NO
If yes, identify which hazards are of concern due to weather.		
Please continue on separate page if necessary.		

Are actors or minors involved in the scene/sequence?	YES	NO
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If "yes", contact the Production Safety Representative if actors or minors are involved in the scene/sequence.

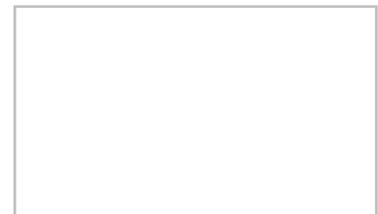
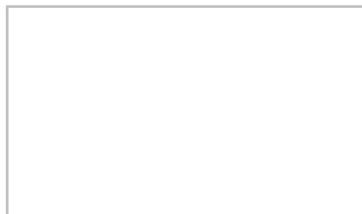
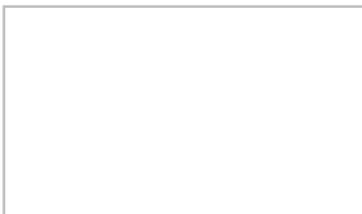
Is an engineering review necessary for the planned sequence?	YES	NO
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Examples include: pick points/anchor points, use of mobile equipment such as a construction crane, etc. Contact your Production Safety Representative to discuss.

Describe the details of the stunt or sequence to be performed:

Fight Stunt Driving Fire Wire Work Ratchet Heights Water Aerial Work Other

Upload any Pre-Viz, Storyboards, images or stunt diagrams. Click on the boxes below to select a file.



Hazards: Identify all hazards and who is at risk.				Control Measures: Measures to mitigate hazards.			
Risk Level Before Controls	H	M	L	Residual Risk Level	H	M	L

Emergency Response		
First Aid Attendant/Medic	EMT/Ambulance	Other

Fire Protection	
N/A	Fire Extinguishers Type: _____
Fire Protection Specialists eg. Fire Safety Officer/ Fire Department or Brigade	Other (Please specify: e.g. extrication, etc.)

Risk Assessment distributed to:		
Name	Position Producer	Contact Number
Name	Position Production Manager	Contact Number
Name	Position Production Safety Representative	Contact Number
Name	Position	Contact Number

Stunt Coordinator:	
Signed:	
Date:	