

PRODUCTION SAFETY MEETING REPORT

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

Production Name:		To Be Completed By:	<i>UPM/1st AD or Designee</i>
Copies Sent To:	<i>Safety</i>	To Be Stored By:	<i>Production Office Coordinator</i>
Production Location:		Today's Date:	
Special Instructions:	When: <i>For productions when additional safety planning is required for an event.</i> Frequency: <i>As needed.</i>		
Meeting Location:			
Conducted By:		Title:	
Cast/Crew Craft or Category:			
SUBJECT(S) DISCUSSED			
ATTENDEES			
Print Name	Title	Sign Name	

Additional attendees should be noted using sheet on Page 2.

Production Safety Meeting Report Attendees

Print Name	Title	Sign Name