

## PRODUCTION RISK ASSESSMENT

<b>PRODUCTION TITLE</b>		
<b>PRODUCTION NO:</b>	<b>Production Office Phone:</b>	
<b>STUDIO DATES:</b>	<b>FILMING/OB DATES:</b>	
<b>STUDIO ADDRESS:</b>	<b>LOCATION ADDRESS</b>	
<b>Unit Manager:</b>	<b>Office Phone:</b>	<b>Mobile:</b>
<b>DETAILED Description of the activity / Production</b>		
<b>Names of contractors</b>	<b>Details of service provided</b>	<b>Are they approved as competent ?</b>
<b>Details of emergency arrangements</b>		
First Aider on set Fast access to nearest hospital		

## HAZARD CHECKLIST

		Tick			Tick			Tick
1	Access/egress blocked/restricted		18	Hazardous substances chemicals/dust/fumes/poisons/asbestos/battery acid etc./waste disposal		35	Scenic/set materials - not fire retardant/toxicity tested	
2	Alcoholic drinks/hospitality		19	Heat/cold, extreme weather climate		36	Scenery manual handling difficulties	
3	Animals/insects (wild, performing etc.		20	Heavy loads on studio floor/rostra		37	Scenic materials: glass/polystyrene	
4	Any special prop, tool etc., under the direct control of the presenter, artist etc.		21	L.P.G./bottled gases		38	Smoking on set/studio	
5	Audience safety/public/crowds/violence/civil unrest		22	Lasers/other bright lights/strobes		39	Special 'flying'/technical rigs	
6	Compressed gas/cryogenics/low temperature		23	Lifting equipment, e.g. forklift LOLER		40	Special needs/children/elderly/disabled	
7	Confined space/ tanks/mines/caves/tunnels		24	Live electrical equipment		41	Special visual effects: rain/snow/fire/smoke/steam/dry ice/heat	
8	Derelict buildings/dangerous structures/isolation of services/waste control		25	Machinery proximity		42	Scenery/props storage on premises	
9	Diving operations		26	Night operations		43	Stunts/dangerous activities/hazardous props	
10	Explosives, pyrotechnics, fireworks		27	Noise/high sound levels		44	Technocrane/camera cables/camera movement/special cable runs/scanners	
11	Falling objects		28	Portable tools above 110v		45	Vehicles/motorcycles/speed	
12	Fatigue/long hours/physical exertion/stress		29	Practical flame/fires/flambeaux		46	Water/proximity to water/tanks	
13	Fire Prevention/Evacuation Procedures		30	Radiation - sources/equipment etc.		47	Weapons/knives/firearms	
14	First Aid/Medical Requirements		31	Recording/shooting outside of LWT studios/OBs/PSC		48	Work at height: zip-up/ladders/telescope etc.	
15	Flammable materials: painting/spraying needed		32	Risk of infection		49	Working on grid/ 'truss' etc.	
16	Flying/aircraft/balloons/parachutes		33	Scaffolds/rostra/decking/platforms/practical staircase/walkways on set		50	Working/storage under seating	
17	Freelance crews, scenic ops		34	Scenery/flats over 12 ft x 10 ft/non-standard shape/centre of gravity. Flown from grid		51	Other	

  

<ul style="list-style-type: none"> <li>Identify which hazards are involved in the Production and tick the appropriate box above.</li> <li>State overleaf whether risks associated with each identified hazard is either high, medium or low</li> <li>Specify control measures to be adopted to reduce risk state to an acceptable level, and state the resulting risk factor</li> <li>Inform those persons exposed to any risk of the control measures to be adopted.</li> <li>The form must be signed by the originator and the Producer, and copied to:</li> </ul>	Unit manager		Crew / Cast	
	Head of Production			
	HOD,s		H&S Advisor	

*please type or write clearly - an illegible form is null and void !*

Hazard Number + Identity of Persons Exposed	<b>MAIN RISKS IDENTIFIED</b> <i>(Describe risks and state if considered to be high (H), medium (M) or low (L) before any controls are introduced.</i>	<b>EXISTING &amp; ADDITIONAL CONTROLS TO MANAGE RISKS</b> <i>Include names of experts or contractors to be used Indicate the risk state <u>after</u> control initiatives are introduced.(H/M/L) Specify <b>who</b> is to ensure the measures are <b>implemented by</b> and <b>that they are effective.</b></i>	Final risk level is acceptable
46	Who is at risk?		
31	Who is at risk?		
17	Who is at risk?		

State whether persons 'at risk' are: Staff(**S**), Freelance(**F**), Contractor(**C**) , performer/presenter(**P**), public(**U**)

**If necessary - continue on extra sheets** | **NUMBER OF ADDITIONAL SHEETS ATTACHED**

COMPLETED BY: (print) \_\_\_\_\_ POSITION: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*I am satisfied that the above constitutes a proper and adequate risk assessment in respect of this production. If any changes are made, the risk assessment will be reviewed*

PRODUCER:(print name) \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_