



Film Safety Checklist

| | |
|---------------|--------------------------|
| Name: | Student no: |
| Email: | Contact no: |
| Unit: | Unit Coordinator: |

| |
|-------------------------------------------------------------------------------------|
| Production title: |
| Scheduled Shooting Dates: |
| Type (drama, documentary, etc): |
| Format (video, film, multimedia, sound, etc): |
| Duration (or equivalent): |
| Your role/s on the production: |
| Proposed location: (If more than one location, use a separate form for each) |
| SYNOPSIS OF PRODUCTION: |

EMERGENCY CONTACTS

| Contact | Telephone Number |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Emergency (Ambulance/Fire/Police) | # 000 |
| Poisons Information Centre | 13 11 26 |
| Nearest Hospital Emergency Centre <hr/> | Ph: _____ Address: _____ _____ _____ |
| Remote locations contacts (If filming in a remote location, notify emergency services in advance) Police Bush Fire Brigade Ambulance Service | Ph: _____ Ph: _____ Ph: _____ |
| Utilities: | |
| Environment Protection Authority | 6145 0800 |
| MURDOCH contacts: Production Coordinator Equipment Support Services Security | 9360 2852 9360 6262 |
| Facility Liaison: Name: | Phone: |

LOCATION SAFETY CHECKLIST

If you need to provide more details to your responses use the comments section at the end of the form.

| INSPECTION ITEM | Please tick | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| | YES | NO | N/A |
| General | | | |
| 1. Have you obtained a signed Location Agreement Form ? (Attach a copy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you inform the managers/owners of the location as to what activity your group will perform? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have the managers/owners advised the site is free of any hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the basic building structure appear sound? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the location is an operational facility, has there been a facility liaison assigned to the production? If yes, include contact details on page 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If the location is an operational facility are there emergency procedures available on site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have arrangements been made for the supervision of any children who will be on the site for your production? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazardous Materials | | | |
| 8. Will the crew be free of exposure to any hazardous substances on site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If not, do the crew have access to Material Safety Data Sheets (MSDS) and risk assessments for the hazardous substances? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the location free of obvious amounts of dust or particulate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the site free of potentially dangerous levels of microbial contaminants? (e.g. if filming in a laboratory) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the site free of risks of exposure to biological contaminants (blood, urine, faeces, animal remains)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have hazardous materials been removed if required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access and Egress | | | |
| 14. Is the site free of hazards which may lead to slips, trips and falls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have any danger areas been clearly marked and/or taped "KEEP OUT"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are exits, corridors, and stairways well lit? (If not, take a back-up supply e.g. torches) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are fire and emergency exits clearly marked and unobstructed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are there appropriate means of emergency egress and communications such as lights, fire exits, operational telephone lines and signs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are the access and egress points suitable for carrying/transporting the film equipment/gear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fall Protection/confined Spaces | | | |
| 20. Are guard rails or hand railings in place on raised platforms or potentially | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

unstable areas (e.g. cliff edges, stair cases, etc)?

21. Is the site free of confined spaces (i.e. inadequate air supply such as manholes/tunnels)?

22. Is the surface stable enough for mounting the camera support?

23. Have flats/props been checked to be sure they are stable and safe for crew and cast to work with?

Ventilation **YES** **NO** **N/A**

24. Are special ventilation controls/spray booths available as required for safe use of chemicals, paints, or smoke and fog on site?

25. Does the building have a general ventilation system that is operating? (this can include natural ventilation from windows)

26. Has supplementary ventilation been arranged if required for any enclosed areas (e.g. tunnels)?

27. Is there an adequate heating system for the building?

28. Are there areas that can be ventilated for activities that generate potential airborne hazards (e.g. welding, hot wire cutting)?

Electrical **YES** **NO** **N/A**

29. Do you know who on your crew has Lighting Safety Proficiency? (provide a list)

30. Are you working in a location that has domestic electricity supply of 240 volts? (If “no” you will need to consult an electrician)

31. Is there enough electrical output for the demand needed?

32. Have you booked the appropriate equipment from the Equipment Store?

33. Have all potential live electrical hazards (exposed wiring, electrical boxes, etc) at the location been made safe?

Fire Systems (non-domestic dwellings) **YES** **NO** **N/A**

34. Are fire extinguishers and/or other fire safety equipment available and in working condition?

35. Are there specialised electrical safety extinguishers in close proximity to the main electrical panel?

36. Is fire fighting equipment accessible and noted on the call sheet?

37. Has the issue of smoking of cigarettes by cast and crew been addressed? (Where can they smoke? Is there provision for extinguishing and cleaning up butts?)

38. Have the daily call sheets identified the emergency procedures for each location?

Water & Toilets **YES** **NO** **N/A**

39. Are there hygienic and functional toilets and hand washing facilities nearby?

40. Is there clean, drinkable water on site and enough running water for requirements?

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 41. Can heaters and fans be brought in if required without compromising air quality, fire safety and electricity demand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Security | YES | NO | N/A |
| 42. Is the outdoor lighting adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Is the risk of potential injuries to cast and crew low (either from other people or wildlife)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has a system for security of equipment/belongings from theft been identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid & Emergencies | YES | NO | N/A |
| 45. Is there a hospital within 20 minutes travel time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Is there a way to contact emergency services from the location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Is there a First Aid officer on the crew? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moving Vehicles | YES | NO | N/A |
| 48. If moving vehicles are being used to film from have risks been identified? (In the hazard list detail use of any jib attachments, shots involving cars) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Traffic Control | YES | NO | N/A |
| 49. Does traffic control need to be arranged? If “Yes” give details as to “how” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Do cars need to be safely routed around the shooting area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Can pedestrians safely move around the area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transport | YES | NO | N/A |
| 52. Has the volume and weight of the equipment to be transported been evaluated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Will you have enough people/equipment to transport the equipment to the location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Have you a plan for packing the vehicles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Is the vehicle suitable for the transport? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Are the vehicles registered and insured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cast/crew Safety Communication | YES | NO | N/A |
| 57. Do safety notices or safe work practices need to be posted or attached to the call sheet? (e.g. wear comfortable, warm clothes and rubber-soled shoes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Do you have sufficient light for cast and crew to work in? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health & Personal Protective Equipment (PPE) | YES | NO | N/A |
| 59. Has PPE (e.g. dust masks, ear muffs) been made available for any of the hazards identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Is there someone on the crew whose responsibility it is to plan and monitor the hours of work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior Locations | YES | NO | N/A |
| 61. Will the site be free of extremes of temperatures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 62. Have special precautions for the terrain been taken as required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Have special precautions been taken for any water hazards (e.g. tidal extremes, current, temperature)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Has protection against predicted rain or strong winds been provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Are there controls in place for any hazards posed by animals (e.g. mosquitoes, spiders, sea lice)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Are there controls in place for any hazards posed by plant life (e.g. palms with sharp fronds)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Is the area free of bushfire danger warnings (escape routes should be clearly marked on maps)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Is the area at low risk of flash flooding (even after light rain)? For advice contact local council/police/NPWS. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. Are you working under lights? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environment | YES | NO | N/A |
| 70. Have you provision for disposal/recycling of waste generated while on location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. Will there be any detrimental impact on the environment by the cast, crew and the use of vehicles and equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SAFETY RISK MANAGEMENT PROCEDURES

In completing this application you are obliged to refer to the **Occupational Risk Management in the Australian Film and Television Industry Draft National Safety Guidelines** -

<http://www.alliance.org.au/award-summaries/download-document/38-film-tv-safety-guidelines>

| IDENTIFIED RISK | YES/NO | REFER TO | HOW WILL THIS RISK BE MITIGATED? |
|---------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|----------------------------------|
| Location Hazards General Working at height Derelict structures Confined spaces | | Section 14 Section 18 Section 19 Section 19 | |
| Environment | | Section 14 | |
| Hazardous materials | | Section 27 | |
| Electrical equipment | | Section 41 | |
| Equipment transport | | Section 22 | |
| Manual handling | | Section 22 | |
| Noise | | Section 21 | |
| Fatigue management | | Section 47 | |

Additional Comments:

Student Declaration

I have conducted a reconnaissance of the shoot site and agree to undertake a pre-shoot safety induction for all participants at each location each shoot day.

Signature

Date

Approver Declaration

Signature

Date