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| **PROJECT PRELIMINARY SAFETY & RISK ASSESSMENT**  **CHECK LIST (*Part A*)** |

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| **Company Name** |  | **Production Title** |  |
| **Company Address** |  | **Tel / Mobile No** | |
| **Senior person in charge of company activities on site 1** |  |
|  | | | |
| **Brief Summary of project**  *Summary of what is proposed* |  | | |
| **Team members / experts / contractors / etc.**  *List those involved* |  | | |
| **Venue / Production location(s)**  *Outline sites / locations involved* |  | | |
|  | | | |
| **Production Mgr** Name  Signature |  | **Date completed** |  |
| **EIC/VP Prod.** Name  (if not Assessor) Signature |  | **Date authorised** |  |

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| **Hazard list –** *select your hazards from the list below and use these to complete Part B if requested by Network(add others where appropriate)* | | | | | |
| **Situational hazards** | **Tick** | **Physical / chemical hazards** | **Tick** | **Health hazards** | **Tick** |
| Aircraft (use of helicopter or aircraft) |  | Contact with hazardous liquids/vapors |  | Disease causative agent |  |
| Assault by person |  | Electric Shock |  | Infection |  |
| Breathing compressed gas |  | Explosive Blast |  | Lack of food / water |  |
| Underwater Diving |  | Explosive Release of Stored Pressure |  | Lack of oxygen |  |
| Drowning |  | Fire/Pyrotechnics |  | Physical Fatigue |  |
| Equipment Hazards |  | Hazardous Substance |  | Repetitive Action |  |
| Expeditions |  | Laser Light |  | Static body posture |  |
| Extreme Physical Activities |  | Lightning Strike |  | Stress |  |
| Extreme Sports |  | Weapons |  |  |  |
| Extreme Weather |  |  |  |  |  |
| Intimidation |  |  |  | **Environmental hazards** |  |
| Object falling, moving or flying |  |  |  | Physical Damage |  |
| Obstruction / exposed feature |  |  |  | Waste Substance Released into Air |  |
| Sharp object / material |  |  |  | Waste Substance Release into Soil/Water |  |
| Slippery surface |  |  |  |  |  |
| Stunts |  |  |  |  |  |
| Vehicle impact / collision |  | **Other** |  |  |  |
| Wild Animal Contact |  | Country of War |  |  |  |
| Working at height |  | Institutional Corruption/Criminal Activity |  |  |  |
| Isolated Location |  | Security Threat |  |  |  |

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|  | **RISK ASSESSMENT ACTION FORM (*Part B*)** | *Jan 09 DP* |

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| **Activity** –Each individual major activity you are proposing *e.g. Filming, Lighting, PA etc.* | **Location** – detailed description of where this activity will take place: | **Dates / times**: |

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|  | | | |
| **Hazards**  List what could cause harm from this activity  *e.g. working at height, trip hazard, fire, etc.* | **Who exposed**  List who might be harmed from this activity  *e.g. staff, contractors, contributors, public, etc.* | **Control measures**  For each hazard, list the measures you will be taking to minimise the risk identified  *e.g. appointing competent persons, training received, planning, use of personal protective equipment, provision of first aid, safe system of work etc.* | **Risk**  For each hazard, now decide level of risk once all your controls are in place |
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*Continue on separate sheet if necessary*