**LOCATION & PRODUCTION OFFICE HAZARD CHECKLIST**

**FOR LOCATION MANAGERS**

This checklist is required to be completed for each location or production office. Explain all items of concern and how/when these items will be resolved in the *Hazard Description Table*.

*COMPLETE and RETAIN a copy in the Production Office.*

PRODUCTION COMPANY:

PRODUCTION TITLE:

LOCATION:

SCHEDULE SHOOTING DATES:

|  |  |  |  |
| --- | --- | --- | --- |
| **INSPECTION ITEM** | **YES** | **NO** | **N/A** |
| **General** |  |  |  |
|  | Did you inform the managers/owners of the location as to what activity the production company will perform? |  |  |   |
|  | Are the managers/owners aware of any hazards associated with the site? |  |  |   |
|  | Have previous hazard assessments performed at the location been reviewed? |  |  |   |
|  | Are there engineering reports and floor plans which outline pick points, weight loads and structural issues available? |  |  |   |
|  | If the location is an operational facility, has there been a facility liaison assigned to the production? |  |  |   |
|  | If the location is an operational facility, are there emergency procedures available on site? |  |  |   |
|  | Are there any concerns regarding extreme weather conditions? |  |  |   |
|  | Are there any water hazards? |  |  |   |
| **Hazardous Materials** |  |  |  |
|  | If the location is an operational facility, are there copies of material safety data sheets (MSDS) on file at the location for all hazardous material being used/stored on site? |  |  |   |
|  | Are all existing hazardous materials properly stored and/or secured? |  |  |  |
|  | Have previous hazardous material safety surveys (asbestos, Lead PCBs) been completed at the site by the owner or by previous productions? |  |  |  |
|  | Are there existing asbestos containing materials at this location? |  |  |  |
|  | Are there potential lead-based paints associated with the location? |  |  |  |
|  | Does the location contain lead-based paints? |  |  |  |
|  | Does the location contain PCB materials (i.e., electric transformers) or PCB storage areas? |  |  |  |
|  | Does the location contain an obvious amount of dust or particulate?  |  |  |  |

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| **INSPECTION ITEM** | **YES** | **NO** | **N/A** |
|  | Has this location been used for a purpose that would have resulted in excessive dust or particulate creation? |  |  |   |
|  | Are there potentially dangerous levels of exposure to microbial contaminants at this location? |  |  |   |
|  | Is there a risk for exposure to biological contaminants (blood, urine, faeces, animal remains)? |  |  |   |
|  | Do any hazardous materials need to be removed? |  |  |   |
| **Access and Egress** |  |  |  |
|  | Are there housekeeping issues such as areas of potential slips, trips, falls at the location? |  |  |   |
|  | Are there areas that need to be clearly marked and/or taped “KEEP OUT”? |  |  |   |
|  | Are exits, corridors, and stairways illuminated? |  |  |   |
|  | Are fire exits clearly marked and unobstructed? |  |  |   |
|  | Are stairs slip resistant? |  |  |   |
|  | Are floor numbers provided in stairwells? |  |  |   |
|  | Are there appropriate means of emergency egress and communications such as lights, fire exits, operational telephone lines and signs? |  |  |   |
|  | Are there adequate areas for storage of equipment that will not obstruct emergency exits etc.? |  |  |   |
| **Fall Protection/ Confined Spaces** |  |  |  |
|  | Are guard rails of hand railings in place on raised platforms or potentially unstable areas (e.g., cliff edges, staircases, etc.)? |  |  |   |
|  | Are there any confined spaces associated with or at the location? |  |  |   |
| **Ventilation** |  |  |  |
|  | Will the production be using chemicals, paints, or smoke and fog that will require ventilation controls and spray booths? |  |  |   |
|  | Does the building have a general ventilation system that is operating? |  |  |   |
|  | Are there enclosed areas (e.g., tunnels) that may require supplementary ventilation? |  |  |   |
|  | Is there an adequate heating system for the building? |  |  |   |
|  | Are there areas that can be ventilated for activities that generate potential airborne hazards (e.g., welding, two-part isocyanate foam, hot wire cutting)? |  |  |   |
| **Electrical** |  |  |  |
|  | Are there any potential live electrical hazards (exposed wiring, electrical boxes etc.) at the location? |  |  |   |
|  | Is the A.C. grounded? |  |  |   |
|  | Is there enough electrical output for the demand needed? |  |  |   |

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| **INSPECTION ITEM** | **YES** | **NO** | **N/A** |
| **Fire Systems** |  |  |  |
|  | Are fire extinguishers and/or other fire safety equipment available and in working condition? |  |  |   |
|  | Are there specialized electrical safety extinguishers in close proximity to the main electrical panel? |  |  |   |
|  | Are sprinkler heads clear of obstruction? |  |  |   |
|  | Are fire lanes clear? |  |  |   |
|  | Are fire hydrants accessible? |  |  |   |
|  | Are all fire department connections clear? |  |  |   |
|  | Does the building allow for a fire lane perimeter with the stage set? |  |  |   |
| **Water/Washroom Facilities** |  |  |  |
|  | Are there hygienic and functional washrooms for intended number of workers? (separate mens/womens) |  |  |   |
|  | Is there enough running water for departments? |  |  |   |
|  | Is there adequate heating/cooling? |  |  |   |
|  | Can heaters and fans be brought in without compromising air quality and fire safety? |  |  |   |
| **Security**  |  |  |  |
|  | Is there security at the site especially for those working alone at night? |  |  |   |
|  | Is there an obvious need for security escorts (day or night)? |  |  |   |
|  | Is the outdoor lighting adequate? |  |  |   |
|  | Is there a concern for injury to the person (either from other people or wildlife?) |  |  |   |
|  | The number of P.A.’s is adequate for lock up, guarding equipment etc? |  |  |   |
| **First Aid**  |  |  |  |
|  | Is there an adequatefirst aid room at the site or close to the site? |  |  |   |
|  | Is there a hospital within 20 minutes travel time taking into account traffic, road works, train tracks, terrain etc? |  |  |   |
| **Traffic Control** |  |  |  |
|  | Does traffic control need to be arranged? |  |  |   |
|  | Do cars need to be safely routed around the shooting area? |  |  |   |
| **Safety Notices** |  |  |  |
|  | Do safety notices or safe work practices need to be posted or attached to the call sheet? |  |  |   |

**HAZARD DESCRIPTION TABLE**

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| **Hazard Description** | **Area of Concern** | **Action Taken** |
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**Additional Comments**

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**You Name:** **Signature:**

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| --- | --- |
| Date: | Title: |

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| --- | --- |
| Contact | Telephone Number |
| Emergency (Ambulance/ Fire/ Police) |  |
| Poison Control |  |
| Workers' Compensation Board(Prevention Division) |  |
| Utilities:WaterGasElectricity |  |
| OTHER |  |

**RESOURCE INFORMATION**

**PCBU Name:**

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