



H. FORMS & CHECKLISTS



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Version 11

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1. 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: _____

<u>INSPECTION ITEM</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<u>General</u>			
1. Did you inform the managers/owners of the location as to what activity the production company will perform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the managers/owners aware of any hazards associated with the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have previous hazard assessments performed at the location been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there engineering reports and floor plans which outline pick points, weight loads and structural issues available?	<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?	<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. Are there any concerns regarding extreme weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any water hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Hazardous Materials</u>			
9. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all existing hazardous materials properly stored and/or secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have previous hazardous material safety surveys (asbestos, Lead PCBs) been completed at the site by the owner or by previous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there existing asbestos containing materials at this location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are there potential lead-based paints associated with the location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the location contain lead-based paints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the location contain PCB materials (i.e., electric transformers) or PCB storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the location contain an obvious amount of dust or particulate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>INSPECTION ITEM</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
17. Has this location been used for a purpose that would have resulted in excessive dust or particulate creation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are there potentially dangerous levels of exposure to microbial contaminants at this location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is there a risk for exposure to biological contaminants (blood, urine, faeces, animal remains)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do any hazardous materials need to be removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Access and Egress</u>			
21. Are there housekeeping issues such as areas of potential slips, trips, falls at the location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are there areas that need to be clearly marked and/or taped "KEEP OUT"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are exits, corridors, and stairways illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are fire exits clearly marked and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are stairs slip resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are floor numbers provided in stairwells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. 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"/>
28. Are there adequate areas for storage of equipment that will not obstruct emergency exits etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Fall Protection/ Confined Spaces</u>			
29. Are guard rails of hand railings in place on raised platforms or potentially unstable areas (e.g., cliff edges, staircases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Are there any confined spaces associated with or at the location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Ventilation</u>			
31. Will the production be using chemicals, paints, or smoke and fog that will require ventilation controls and spray booths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the building have a general ventilation system that is operating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Are there enclosed areas (e.g., tunnels) that may require supplementary ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there an adequate heating system for the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Are there areas that can be ventilated for activities that generate potential airborne hazards (e.g., welding, two-part isocyanate foam, hot wire cutting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Electrical</u>			
36. Are there any potential live electrical hazards (exposed wiring, electrical boxes etc.) at the location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Is the A.C. grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Is there enough electrical output for the demand needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

HAZARD DESCRIPTION TABLE

Hazard Description	Area of Concern	Action Taken

Additional Comments

You Name:

Signature:

Date:

Title:

RESOURCE INFORMATION

Contact	Telephone Number
Emergency (Ambulance/ Fire/ Police)	
Poison Control	
Workers' Compensation Board (Prevention Division)	
Utilities: Water Gas Electricity	
OTHER	

PCBU Name:

2. INDUCTION CHECKLIST

Worker's name:

Employment start date:

Position/job

Manager/supervisor:

Department/Section:

Explain your business:

- The structure
- The type of work

List and introduce your key people and their roles:

- Manager/owner
- Supervisor(s)
- Co-workers
- Health and safety representative(s)
- Fire/emergency warden(s)

Explain their employment conditions:

- Name of award or agreement (if relevant) and award conditions
- Job description and responsibilities
- Leave entitlements
- Notification of sick leave or absences
- Out of hours enquiries and emergency procedures
- Time recording procedures
- Work times and meal breaks

Explain their pay:

- Pay arrangements
- Rates of pay and allowances
- Superannuation
- Taxation and any other deductions (including completing the required forms)
- Union membership and award conditions.

Explain your work health and safety administration:

- Consultative and communication processes, including employee health and safety representatives
- Hazard reporting, including where to find forms
- Incident /accident reporting procedures, including where to find reporting forms
- Hazards of work
- Policy and procedures
- Roles and responsibilities
- Employee assistance program (EAP)
- Workers compensation claims

Show your work health and safety environment:

Safe work procedures (SWPs) List:

1.
2.
3.
4.
5.

- Emergency plan, procedures, exits and fire extinguishers
- First aid facilities such as the first aid kit and room
- Information on workplace hazards and controls

Explain your security:

- Cash
- For each worker and for their personal belongings

Show your work environment:

- Car parking
- Eating facilities
- Locker and change rooms
- Phone calls and message collecting system
- Washing and toilet facilities
- Work station, tools, machinery and equipment used for job
- Procedures for the workplace buildings

Explain your training:

- First aid, fire safety and emergency procedures training
- Hazard-specific training (for example, manual handling, hazardous substances)
- On the job training in safe work procedures
- Job-specific training (for example, if a license or permit is required)

Conduct a follow-up review:

- Repeat any training required or provide additional training if needed
- Review work practices and procedures with the worker
- Ask and answer questions

Comments/follow up action

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3. INDUCTION ACKNOWLEDGEMENT

Conducted by (Name): Date:

Signature: Date:

Position/Job: Worker's Signature:

Notes:

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Induction review date: Review comments:

Conducted by (Name): Date:

Signature: Date:

Position/Job: Worker's Signature:

Notes:

.....

4. SAFE WORK METHOD STATEMENT (SWMS) TEMPLATE

[PCBU name, ABN, Office address and phone]		
Principal contractor (PC)	[Name, ABN, Office address]	
Work activity	[Job description]	
Work location		
Works manager		
Contact phone		
High risk work	<ul style="list-style-type: none"> • [list work from WHS Regulations] • • 	
Have workers been consulted about the SWMS?		
Person responsible for ensuring compliance with SWMS		
Date SWMS provided to PC		
Person(s) responsible for reviewing the SWMS		
Last SWMS review date		
Date received		
Signature		
Worker's name		
Date received		
Worker's signature		
What are the tasks involved?	What are the hazards and risks? (What is the problem?)	What are the control measures? (Describe the control measures and how they will be used)
Think about the workplace and each stage of the work, including preparation and clean-up.	Identify the hazards and risks that may cause harm to workers or the public.	Describe what will be done to control the risk. What will you do to make the activity as safe as possible?

5. INCIDENT REPORT FORM

Use this form in your workplace to report health and safety hazards and incidents.

Hazard/Incident

Brief description of hazard/incident: (Describe the task, equipment, tools and people involved. Use sketches, if necessary. Include any action taken to ensure the safety of those who may be affected.)

Where is the hazard located in the workplace?

When was the hazard identified?

Date: _____

Time: _____

Recommended action to fix hazard/incident: (List any suggestions you may have for reducing or eliminating the problem – for example re-design mechanical devices, update procedures, improve training, maintenance work)

Date submitted to manager:

Date: _____

Time: _____

Action taken

Has the hazard/incident been acknowledged by management? Yes/ No

Describe what has been done to resolve the hazard/incident:

Do you consider the hazard/incident fixed? Yes/ No

Name: _____

Position: _____

Signature: _____

Date: _____

6. EMERGENCY PLANS CHECKLIST

	Yes	No
<p>Responsibilities</p> <ul style="list-style-type: none"> • Has someone with appropriate skills been made responsible for specific actions in an emergency, for example managing an evacuation or assigning area wardens? • Is someone responsible for making sure all workers and others in the workplace, for example contractors, customers and visitors are accounted for in an evacuation? • Do workers working alone know what to do in an emergency? • Are specific procedures in place for critical functions, for example power shutdowns? 		
<p>Emergency contact details</p> <ul style="list-style-type: none"> • Are emergency contact details relevant to the types of possible threats, for example fire brigade, police and poison information centre? • Are the emergency contact details displayed at the workplace in an easily accessible location? • Are contact details updated regularly? 		
<p>Evacuations</p> <ul style="list-style-type: none"> • Have all emergencies requiring an evacuation at the workplace been identified? • Has an evacuation procedure been prepared (if applicable)? • Does the procedure: address all types of situations and hazards which may arise at the workplace • cover everyone who may be present at the workplace • allow for quick and safe evacuation when needed • clearly identify routes to safe assembly areas consider special assistance for hearing, vision or mobility-impaired people, and • include a process for accounting for persons? 		
<p>Evacuations for a fixed workplace</p> <ul style="list-style-type: none"> • Is the evacuation procedure clearly and prominently displayed at the workplace, where practicable? • Is there a mechanism, for example a siren or bell alarm for alerting staff of an emergency? If yes, is it regularly tested to ensure its effectiveness? • Is there a documented site plan that illustrates the location of fire protection equipment, emergency exits and assembly points? If yes, is it posted in key locations throughout the workplace? • Are all exits, corridors and aisles readily accessible and kept clear of obstructions? • Does the workplace have illuminated exit signs? 		

<p>Fire protection equipment</p> <ul style="list-style-type: none"> • Does the workplace have appropriate fire protection equipment? Is it suitable for the types of risks at the workplace, for example foam or dry powder type extinguishers for fires that involve flammable liquids? • Is it properly maintained and regularly checked and tested by the local fire authority or fire equipment supplier? • Is the area where the equipment is stored kept clear of obstructions? • Are adequate numbers of workers trained to use fire extinguishers? Do they know what type of extinguisher to use for different types of fires? 		
<p>Extreme weather conditions</p> <ul style="list-style-type: none"> • If there is a risk of extreme or dangerous weather conditions, for example bushfire, floods or storms, will the control measures be effective in these conditions? <ul style="list-style-type: none"> • Do emergency procedures accommodate declarations of extreme weather warnings? Examples of extreme weather warnings may include warnings such as a code red in the case of extreme bushfires or categories 3, 4 or 5 for cyclone warnings. Do declarations of extreme weather warnings in the emergency plan include matters such as: safe exit routes, for example the process for identifying and communicating roads that may be closed? • Do procedures identify the closest designated 'safe place'? • Do procedures accommodate evacuation procedures of the relevant local authorities for example the fire services, SES and police? • Do workers have access to reliable communications equipment? • Are workers trained in emergency evacuation and related procedures? • If workers travel into areas where extreme weather warnings may be declared, have appropriate policies and procedures been developed for when such declarations are made? 		
<p>Chemical safety</p> <ul style="list-style-type: none"> • Are current safety data sheets available for all hazardous chemicals on site? • Are all hazardous chemicals labelled and stored in a safe manner? • Is appropriate equipment available to initially respond to a chemical incident, for example absorbent material to contain a liquid spill? • Is appropriate personal protective equipment and training provided to protect workers who are called on to deal with an unplanned chemical release? 		
<p>First aid</p> <ul style="list-style-type: none"> • Has a first aid assessment been conducted? • Does the workplace have trained first aiders and suitable first aid facilities? • Are workers aware of where first aid facilities are kept and who first aiders are? 		

<p>Neighbouring businesses</p> <ul style="list-style-type: none"> • Have neighbouring businesses been considered if an emergency occurs? How would they be advised of an emergency situation arises (if applicable)? • Should they be consulted about the preparation and coordination of emergency plans? • Have the risks from neighbouring businesses been considered, for example fire from restaurant/takeaway food outlets, Q fever from cattle yards or vehicle accidents on major roads? 		
<p>Post incident follow-up</p> <ul style="list-style-type: none"> • Are there procedures in place to notify the relevant regulator about a notifiable incident where necessary? • Are there procedures in place to ensure the cause of the emergency is determined and action is taken to prevent a similar incident occurring again? • Are there procedures in place to ensure the welfare of workers after an emergency or an incident, for example medical treatment or trauma counselling? 		
<p>Review</p> <ul style="list-style-type: none"> • Are emergency plan practice runs undertaken to assess the effectiveness of the emergency plan, for example evacuation drills? • Is someone responsible for documenting and retaining the results of emergency plan practice runs? • Is someone responsible for reviewing the emergency plan and informing workers of any revisions? 		

7. PRE-EMPLOYMENT HEALTH DECLARATION

Please fill in this questionnaire and return it to the employer. All information will be treated as confidential and will be destroyed at the end of the Production. The information requested will enable the employer to take better care of all employees.

NAME: _____

ADDRESS: _____

TELE. NO.: _____ MOBILE NO.: _____

AGE: _____ BLOOD TYPE: _____

NEXT OF KIN: _____ DOCTOR: _____

ADDRESS: _____

TELE. NO.: _____

ANY ALLERGIES? YES / NO

If yes, please detail any allergies to drugs including drugs such as penicillin, sedatives, antihistamines, aspirin, etc.

Please detail any allergies to other substances including food allergies, allergies to stings (eg, bees, wasps), animals (eg, cats) and environmental allergies (eg, dust mites, pollens, grass seeds). Please note symptoms and preferred method of treatment.

ANY PHYSICAL DISABILITIES OR PRE-EXISTING MEDICAL CONDITIONS? YES / NO

If yes, please provide details (eg, diabetes, asthma, back problems, epilepsy, history of heart problems, pregnancy)

EYESIGHT/HEARING - Please provide details if you have impaired eyesight and/or hearing:
Do you wear glasses/contact lenses/hearing aid?

Do you have specific eyesight problems (eg night blindness, colour blindness, history of recurrent conjunctivitis)?

SPECIAL DIETARY REQUIREMENTS? eg, vegetarian, no milk products or other.

HAVE YOU HAD A TETANUS INJECTION IN THE LAST FIVE YEARS? YES / NO

ARE YOU ON ANY REGULAR MEDICATION AT THIS TIME? YES / NO

If yes, please detail

Signed by the employee

Date