LOCATION PRE-PRODUCTION HAZARD ASSESSMENT CHECKLIST The following information is presented as a general safety checklist to help identify potential production location safety issues.						
Production Name:			, mjormation is presented as a general sujety oncentist to		To Be Completed By:	duction locution sujety issues.
Copies Sent To:			Unit Production Manager, Safety Representative		To Be Stored By:	Production Office Coordinator
Today's Date:			Sujety Representa	Location Name:		L
Location Address:					1	
Special Instructions: When: During location scout. Frequency: At each new location. Mark "N.A." for any						"N.A." for any items that don't apply.
	If any Hazardous Materials not associated with the production are stored at the site: N/A Speak with property re: storage, labeling, and/or disposal of all hazardous materials present.					
		See that <i>Safety Data Sheets (SDS)</i> are available for hazardous materials stored at the site.				
	□ N/A	Call Safety Representative for assistance in arranging for the disposal of hazardous waste.				
	□ N/A	See to it that the local Fire Department has been briefed on the proposed activity and, if required, permits have been obtained.				
	□ N/A	If FX will be using heavy smoke, pyro, or large amounts of dust , call Safety Representative.				
	□ N/A	Learn from the property representative the maximum load limit for floor loads and other elevated surfaces and tell the Construction Coordinator.				
	□ N/A	Learn from the property representative if the buildings contain asbestos , lead paint , chemicals , unidentified drums, excessive trash/debris, animal feces, or pose other health problems.				
	□ N/A	Determine if your Production Company has any plans to disturb any walls, partitions, paint or other surfaces that may contain asbestos or lead.				
	□ N/A	Exits are functional and properly marked.				
	□ N/A	Building is equipped with emergency lighting.				
	□ N/A	Building is equipped with a functional fire sprinkler system.				
	□ N/A	Fire extinguishers are available and tagged with the date of last inspection.				
	□ N/A	Issues concerning streets, highways, traffic patterns, train tracks, flight paths and patterns, facility access, fire lanes and parking considerations, power lines, etc., have been addressed.				
	□ N/A	Elevator permits are available and up-to-date, and capacity limits have been discussed.				
	□ N/A	Hazard Signs such as Danger, Warning, Caution, Keep Out, etc. posted if needed (including No Smoking or No Guns signs).				
	□ N/A	Helicopter landing sites have been approved by the Pilot or the Aerial Coordinator and clearly delineated and adequately cleared.				
	□ N/A	Water Quality issues address prior to entry.				
	□ N/A	Indigenous animal/plant concerns within the region have been addressed. (Poison oak, mosquitoes, snakes, etc.)				
	☐ N/A Fall Hazards such as rooftops and balconies may need additional protection. Call your Safety Representative.					
Notes: (Use this space to indicate any other conditions that may require special attention.)						
Com	oleted By:			ture:		