

Safety Responsibilities
KEY DEPARTMENT HEADS
Key Grips, Key Gaffer, Property Master, Set Dressing, Greens, Animal Wranglers, Camera,
Sound, Craft Services, Make-up/Hair, Wardrobe

Safety Program Information for Key Department Heads

The following information is for your specific position and is provided to help you understand your part in your Production's **Injury & Illness Prevention Program (IIPP)/Safety Program**.

Responsibilities of Key Department Heads

The Department Heads/Supervisors are responsible for supervising, training, performing periodic inspections, and ensuring their crews compliance with all applicable safety rules and regulations.

Production Start-Up

1. Visit **safetyontheset.com** to familiarize yourself with the safety information available, (AMPTP Safety Bulletins, Tool Box Talks, etc.) and to read the **Production Safety Manual**.
2. The Safety Pass training deadline for IATSE affiliated employees has passed. Therefore, the only employees eligible for employment by your production must have received basic and specific safety training as evidenced by their fully completed Safety Pass. For information on the Safety Pass Program, visit **www.csatf.org** or call 818.502.9932 ext. 102.
3. If on a non-Southern California production, conduct or arrange safety training for your crew who have not been trained. If you need help arranging non- Safety Pass training, call the **Production Safety Representative**.
4. Conduct safety meetings for your crew on the first day of work:
 - a. Explain the safety program and tell them to visit **www.safetyontheset.com**.
 - b. Discuss the safety aspects of the day's activities and the particular hazards of the site.
 - c. Discuss elements of the **Emergency Plan**, such as the location of emergency equipment, exits and telephones on all stages and interior set and off-lot locations, and explain emergency procedures such as evacuation plans in case of fire (if not covered by the 1st AD.) The information for this meeting is on **Emergency Plan Meeting (Form 3)**.
 - d. Discuss safety precautions to be followed around any specialized equipment that may pose a potential hazard (e.g. insert car, process trailer, cranes, booms, specialized rigs, etc.)
1. Conduct or arrange safety training for your crew who have not been trained:
 - a. Hazard Communication Training for chemical containing products.
 - b. Personal Protective Equipment for eye, ear, respiratory, etc. hazards.
 - c. Fall Protection Training for workers exposed to heights.
 - d. Special tools, equipment, or vehicles used.
 - e. Consult with the Safety Coordinator to determine the specific training needs of your crew.
 - f. Document all training and forward to the Production Office Coordinator.
6. Conduct additional safety meetings in the following situations:
 - a. Prior to rigging or testing of any specialized equipment.
 - b. Anytime crew is exposed to a hazard (e.g. special products, pyrotechnics, etc.).
 - c. Anytime new crewmembers join the department.
 - d. Anytime there is a change in location or work site.
 - e. Anytime a new process is introduced (e.g. special foams, chemicals, tools, etc.)
7. Distribute safety literature:
 - a. Give the **General Safety Guidelines for Production (Form 1)**; written, orally or posted to all those who report directly to the site for hire; such as, casual hires, independent contractors, etc. Have all employees sign the **Employee Acknowledgment** and forward them to the **Production Office Coordinator**
 - b. Distribute safety literature on specific hazards to your crew (e.g. appropriate clothing and shoes, aerial platforms, etc.).
 - c. Issue special literature if requested by crew members (e.g. material safety data sheets on chemicals, fogs, paints, etc.)

8. Document all IIPP activities:
 - a. See to it that all safety meetings held throughout the day with crew are noted on the daily Production Report, including new arrival, rigging, testing and changing work site meetings.
 - b. Any bulletins or special correspondence are to be forwarded to the **Production Office Coordinator**.
 - c. Document all safety training using **Production Safety Meeting Report (Form 13)**. Forward copies to the Production Office Coordinator.

Communicate and Troubleshoot:

1. Inspect all work sites to be sure they are free from recognized hazards and correct any that are found.
2. See to it that appropriate safety equipment has been provided, inspected and is in use by the crew (e.g. *ear plugs, equipment safety guards, harnesses, respirators, safety glasses, etc.*).
3. Consult with the UPM to resolve safety concerns such as special effects, stunts or other special hazards.
4. Enforce safe working procedures.
5. Encourage the reporting of hazards by crew members.
6. Resolve crew safety issues.
7. Correct hazards that have been discovered at the site (e.g. blocked exits, trip and fall hazards, faulty equipment etc.)

Coordinate Response to Accidents and Emergencies:

1. Respond to all work site emergencies and accidents affecting the crew.
2. Summon emergency medical assistance immediately (Paramedic, Fire Department, Police, etc.)
3. Notify the UPM, First AD, or Construction Coordinator and the Production Safety Representative. See to it that the *Accident Investigation Report (Form 9)* has been filled out and submitted to the Production Office Coordinator.
4. Clear the area and protect the crew from further injury (e.g. remove equipment from service, post warning signs, arrange further training.)
5. Preserve evidence for further investigation.

""EMERGENCY PLAN MEETING

At the beginning of production, on your first stage or location, an Emergency Plan meeting should be held for the entire cast and crew. This meeting can be a part of the general safety meeting. The information below should be included in this meeting. On every subsequent new stage and location, an Emergency Plan Meeting should be held. Please note "Emergency Plan Meeting" in your daily Production Report.

EMERGENCY PLAN MEETING:

1. Point out all, emergency exits, escape routes, and fire alarm pull stations.
2. Point out location of fire extinguishers, for use on small fires.
3. Inform your crew of the local emergency response telephone number.
4. Tell cast and crew members to be aware of who is working with them, in case they need to notify emergency personnel of missing persons.
5. Designate a post-evacuation assembly area, where your crew should gather by department, and Department Heads should count their employees and note anyone missing.
6. Tell your crew never to re-enter an evacuated building until emergency personnel say it is safe to do so.
7. Report any safety concerns to the Anonymous Safety Hotline at (818) 954-2800"qt : 99/788/: 2230'
8. **ON LOCATION:**
 - a) See to it that pertinent Emergency Plan information is attached to the call sheet.
 - b) Address any egress or evacuation issues in the daily safety meeting and note them in the daily Production Report
 - c) See to it that employees are informed of emergency escape routes and any location-specific hazards, such as lead paint, asbestos, traffic, etc.

ACCIDENT INVESTIGATION REPORT

(Turn in to Production Office Coordinator)

EMAIL OR FAX (818) 954-2805 TO PRODUCTION SAFETY REPRESENTATIVE WITHIN 24 HOURS OF ACCIDENT

PRODUCTION TITLE: _____ DATE: _____

INJURED'S NAME: _____ CAST CREW OTHER

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____ am pm

LOCATION OF ACCIDENT: _____

Type of Injury/Illness

(Check all that apply)

- | | | | | | |
|--------------------------------------|-------------------------------------|--|--|--|-------------------------------------|
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Amputation | <input type="checkbox"/> Head Injury | <input type="checkbox"/> 1 st Degree Burn | <input type="checkbox"/> Foreign Body in Eye | <input type="checkbox"/> Bite/Sting |
| <input type="checkbox"/> Strain | <input type="checkbox"/> Laceration | <input type="checkbox"/> Neck Injury | <input type="checkbox"/> 2 nd Degree Burn | <input type="checkbox"/> Contact Dermatitis | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Sprain | <input type="checkbox"/> Avulsion | <input type="checkbox"/> Back Injury | <input type="checkbox"/> 3 rd Degree Burn | <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Abrasion | <input type="checkbox"/> Abdomen Injury | <input type="checkbox"/> Tooth Injury | <input type="checkbox"/> Rash | <input type="checkbox"/> Illness* |
| <input type="checkbox"/> Contusion | <input type="checkbox"/> Puncture | <input type="checkbox"/> Crushing Injury | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Infection | <input type="checkbox"/> Other* |

* Describe Illness or Other: _____

Injured Part of Body

(Check all that apply)

- | | | | | | | | | |
|-------|----------|-------------|-----------|------------------------|-----------|----------|-------|--------|
| | Head | Chest | Shoulder | Wrist | Upper Leg | Foot | Eye | Mouth |
| Right | Neck | Ribs | Upper Arm | Back of Hand | Knee | Toe | Nose | Tooth |
| Left | Back | Abdomen | Elbow | Palm of Hand | Lower Leg | Forehead | Cheek | Throat |
| | Buttocks | Pelvis Area | Lower Arm | Finger
(Digit_____) | Ankle | Ear | Chin | Other* |

* Describe Other: _____

Explain Cause of Accident and Nature of Injury: (DO NOT SPECULATE)

Corrective Action Taken to Prevent Recurrence: _____

Witnesses, If Any: _____

Form Completed By (Print): _____ Title: _____

Signature: _____ Date: _____