

Safety Responsibilities Production Office Coordinator

Safety Program Information for Production Office Coordinator (POC)

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

Responsibilities of the Production Office Coordinator

The **Production Office Coordinator** maintains a library of safety information including copies of all safety program documentation as described in the IIPP for Production. It is the POC's responsibility, along with the Unit Production Manager (UPM), to see to it that all necessary IIPP documentation (forms, certifications, etc.) are completed in a timely manner and forwarded to the POC, and, when necessary, to the Production Executive, Production Attorney and **the Production Safety Representative**.

SAFETY PASS (Southern California)

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. New training requirements are added to certain job classifications from time to time, so please check everyone's Safety Pass status every season.

PRODUCTIONS WORKING OUTSIDE OF SOUTHERN CALIFORNIA

1. Productions working outside of Southern California are required to employ workers knowledgeable in the work they will be asked to do. Because there are many different ways proficiency can be documented, different Department Heads will submit varying evidence of training. All of it is important.
2. Check that Departments operating heavy equipment are turning in copies of Certification for each piece of equipment they will be asked to drive (e.g. Forklift Safety Card, Aerial Platform Training, powder-actuated tool operator's "Hilti Card," etc.) Keep them on file.
3. Some Department Heads will be sending copies of Tool Box Talks they conducted; others will send signed copies of Codes of Safe Practices (CSP's). Keep them on file.
4. Most importantly, make sure a signed **Acknowledgment Form** for receipt of **(Form 1) General Safety Guidelines for Production** is on file for all employees from all departments.
5. If you need help arranging non-Safety Pass training for a production working outside of Southern California, **call the Production Safety Representative**.

Production Start-Up

Implement the IIPP:

1. As soon as possible, call the Production Safety Representative to arrange for a **Production Safety Orientation** for your UPM, 1st AD, 2nd AD, Transportation Coordinator, Construction Coordinator, Special Effects and Stunt Coordinators, and all key Department Heads.
(Immediately prior to your first full production meeting is a good time to hold this orientation.)
2. Obtain and read the **Production Safety Manual** from the Production Safety Representative or **www.safetyontheset.com** the first week of employment. This manual is meant to provide guidance and clarification of possible question. Keep the manual in the production office at all times. A copy should be on all stages and locations as well.
3. Check and document the **Safety Pass Status** of all crew hired by the production. (Southern California.)

Coordinate the documentation of all safety program activities:

See to it that the following have been turned into the Production Office, and copies sent to the Production Safety Representative at the beginning of the production:

1. Employee Acknowledgment of General Safety Guidelines for Production (Form 1)
2. Employee Acknowledgment of Additional Safety Guidelines for Special Effects (Form 1B)
3. IIPP Contact List (Form 2)
4. Serious Incident Reporting Procedures (Form 4)

On Production

1. See to it that the following are turned into the Production Office and copies sent to the Production Safety Representative on a regular basis:
 - a. Production Stage Hazard Assessment Checklist (Form 5)
 - b. Mill/Stage/Location Construction Hazard Assessment Checklist (Form 6)
 - c. Location Pre-Production Hazard Assessment Checklist (Form 7)
 - d. Location On-Production Hazard Assessment Checklist (Form 8)
 - e. Safety Guidelines for Extras and Theatrical Day Hires (Form 15)
2. See to it that the following are turned into the Production Office and copies sent to the Production Safety Representative as they are completed:
 - a. Accident Investigation Report (Form 9)
 - b. Hazard Notification (Form 10)
 - c. Notice of Unsafe Condition and Action Plan (Form 11)
 - d. Safety Warning Notice (Form 12)
 - e. Production Safety Meeting Report (Form 13)
 - f. Request for Employee Safety Training (Form 14)
 - g. Right of Refusal of Medical Aid (Form 16)
 - h. Any special permits, environmental surveys, location safety reports, etc. daily Production Reports listing safety meetings, including key department head and new arrival meetings, stunt and special effects meetings, etc.
3. If your duties include distributing Calls Sheets, always attach any *AMPTP Safety Bulletins* or other notices deemed appropriate by your UPM or 1st or 2nd AD

Injuries and Illnesses

1. You should receive an **Accident Investigation Form (Form 9)** and a **Form 5020** or local equivalent from your Set Medic for every injured employee.
2. If the patient has refused medical attention, you should also receive a completed **Right of Refusal of Medical Aid Form (Form 16)**. **Please be sure to email or fax these forms to the Production Safety Representative at (818) 954-2805.**

Serious Accidents, Injuries and Mishaps

Serious accidents, injuries and mishaps are incidents that require transportation by ambulance, visitation to the hospital by one or more employees, any treatments greater than general first aid or any serious property/asset damage.

In the event of a serious accident, injury or mishap, the **Unit Production Manager**, or in his/her absence, the **1st Assistant Director** will follow the instructions on **Form 4 – Serious Incident Reporting Procedures**. It is the Production Office Coordinator's responsibility to see that correct reporting instructions are available to the UPM and 1st AD.

Show Wrap

1. See to it that all IIPP documents have been collected and forwarded to the **Production Safety Representative** or the **Production Executive** prior to closing the production office.
2. See to it that all borrowed safety equipment (harnesses, lanyards, ropes, etc.) has been returned to the Production Safety Representative.

Hazardous Waste Disposal

It is Company policy that all chemicals will be disposed of in accordance with the laws of the city, county and state in which they are used. If you need to arrange for the disposal of paint or other chemicals, contact the Production Safety Representative.

Production Safety Forms * Chart

The Production Office Coordinator is to keep a file of all Safety Forms, and to forward a copy of each completed form to the Department of Safety & Environmental Affairs. The chart below outlines when each form is due and whose duty it is to complete.

Form	By Whom	When
<i>Form 1: Safety Guidelines for General Production</i>	UPM, POC, Dept. Heads	For all Production employees, once per season. (w/ideal memo)
<i>Form 1B: Additional Safety Guidelines for Special Effects</i>	Construction Coordinator	For all Special Effects employees, once per season. (w/ideal memo)
<i>Form 2: Contact List</i>	POC	At show start-up, once per season, or if info changes.
<i>Form 4: Serious Incident Reporting Procedures</i>	POC	At show start-up, once per season, or if info changes.
<i>Form 5: Production Stage Hazard Assessment Checklist</i>	1 st AD or Knowledgeable Designee	Any permanent stage or location, once every two weeks.
<i>Form 6: Mill/Stage/Location Construction Hazard Assessment Checklist</i>	Construction Coordinator	During set construction, every two weeks.
<i>Form 7: Location Pre-Production Hazard Assessment Checklist</i>	Location Manager	For every location, once per season.
<i>Form 8: Location On-Production Hazard Assessment Checklist</i>	Location Manager	For every new location, once per episode.
<i>LAFD Film Location Inspection Checklist</i>	1 st AD or Location Manager	For every L.A. City film permit location, every day.
<i>Form 9: Accident/Incident Investigation Report</i>	UPM, 1 st AD or Witness	To document accidents, injuries and illnesses.
<i>Form 15: Safety Guidelines for Extras and Theatrical Day Hires</i>	2 nd AD	Every day extras and theatrical day hires are used.
<i>Form 16: Right of Refusal of Medical Aid</i>	Set Medic	For any injured employee who refuses medical aid.
<i>Form 10 - 14</i>	Anyone	As needed.

**"Forms" are documentation of your show's compliance with State and Federal occupational safety laws. The above "named" forms will be a part of every show's compliance documentation. Forms 10-14 are as needed. (See your IIPP)*

CONTACT LIST FOR INJURY AND ILLNESS PREVENTION PROGRAM FOR PRODUCTION

Production Name:		To Be Completed By:	<i>Rj qf we kqp 'QHkg'Eqqf fhp c wyl ''</i>
Copies Sent To:	<i>Rj qf we kqp 'Uchyl 'Tgrt ggnpx kkg</i>	To Be Stored By:	<i>Rj qf we kqp 'QHkg'Eqqf fhp c wyl ''</i>
Production Location:		Today's Date:	
Special Instructions:	When: <i>At beginning of production.</i>		Frequency: <i>Once, unless contact info changes.</i>
Position	Name	Office Phone	Emergency Phone
Unit Production Manager			
1st AD "qf f + '3u'CF "'%gxgp '+'			
Construction Coordinator			
Transportation Coordinator			
Production Executive			
Production Attorney			
Safety Representative			

SERIOUS INCIDENT REPORTING PROCEDURES

Incidents that result in transportation by ambulance, visitation to the hospital by one or more employees, any treatments other than general first aid, or any serious property/asset damage, must be reported as follows:

Unit Production Manager Responsibilities:

1. **In the event of a serious accident, injury or mishap, AFTER ALL NECESSARY EMERGENCY PERSONNEL ARE CALLED, the UPM should contact the PRODUCTION EXECUTIVE WITHOUT EXCEPTION.**

Name: _____ Office: _____ Cell: _____

If you are unable to reach your Production Executive you should call Sue Palladino, Executive Vice President of Production: Office: (818) 954-7171, Cell: (818) 257-1202.

After discussion with your Production Executive and with her/his instruction, the following people will be notified:

- **Ty Arnold** of WBSF Safety & Environmental Affairs Cell: (310) 804-2100; Office: (818) 954-2330; Safety Hotline: (818) 954-2800
- **Amanda Cooper** of WB Risk Management Office: (818) 977-3277; Cell: (818) 438-7295
- **Sam Wolfson** of Labor Relations* Office: (818) 954-7269; Cell: (818) 219-3218
- **Tammy Goliheew** of WBTV Worldwide Publicity Office: (818) 954-4855; Cell: (310) 779-9724

*Under the union collective bargaining agreements, union notification is required of any injury, regardless of the severity.

If the incident occurred within the State of California and resulted in serious injury, death or illness to an employee, Cal-OSHA must be notified within eight (8) hours of the incident. Other Countries, States and Provinces have their own reporting requirements. Regardless of where you are filming, WBSF Department of Safety will make these notification calls.

2. **Information which is required to be reported:**

- Time and date of accident.
- Employer's name, address and telephone number.
- Name and job title of person reporting the accident.
- Address of site of accident or event.
- Name of person to contact at accident site.
- Name and address of injured employee(s).
- Nature of injury.
- Location where injured employee(s) was (were) moved to.
- List and identities of other law enforcement agencies present at the accident site.
- Description of accident and whether the accident scene has been altered.

NOTE: Any employer, officer, management official or supervisor who knowingly fails to report a death to Cal-OSHA or knowingly induces another to do so is guilty of a misdemeanor and will face a penalty of up to one year in jail, a fine of up to \$15,000, or both. If the violator is a corporation or a limited liability company, the corporation or company could be fined up to \$150,000.00.

3. For serious accidents as defined above, the Production Safety Representative will direct you to complete an **Accident Investigation Report (Form 9)**. The completed report should be sent to WBSF Safety and WB Risk Management.
4. Any accident should be noted on the back of the Production Report on the date the accident occurred by identifying only the name of injured employee and classification.

CAUTION: Written and/or verbal statements should not be taken unless authorized by the Studio Legal Department. Speculation regarding the cause(s) of accident(s) are not to be included as part of any Accident/Incident Investigation Report (Form 9). Speak with your Production Safety Representative for direction.

Set Medic/First Aid Attendant Responsibilities:

1. **Notify the UPM of the injury.**
2. Provide the patient with **Workers' Compensation Form** or local equivalent. (The patient must sign and date a receipt. If the patient refuses the form, be sure to document this in your notes.)
3. FAX completed forms to the appropriate **Workers' Compensation Department**:
 - a. Warner Bros.: (818) 977-6787
 - b. Cast & Crew: (818) 848-4614
 - c. Entertainment Partners: (818) 559-3283
 - d. WB Safety & Environmental Affairs: (818) 954-2805
4. SEND a completed copy of the form to your **Production Executive** with that day's production report.
5. Fill out **Employer's Report of Occupational Injury or Illness (Form 5020)** or local equivalent. Record the patient's recounting of events in quotes. **DO NOT SPECULATE.**
6. FAX completed Form 5020 (or local equivalent) to **WB Safety** at (818) 954-2805.
7. Complete a **Refusal of First Aid** form if the employee refuses to be treated at the scene of the incident or transported to the hospital.

Under the guidance and direction of the Studio Legal Department, WB Safety will conduct any additional accident investigations necessary.

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: _____

RIGHT OF REFUSAL OF MEDICAL AID

Show Name: _____

I hereby refuse the first aid treatment recommended to me by the First Aid Person employed by my production for the illness or injury incurred by me on this date.

In signing this waiver, I release the First Aid Person, the Production and its personnel from any liability resulting from this refusal to accept such first aid treatment.

Injured's or Guardian's Signature

Date

Injured's Name (print) / Injured's Cell #

Job Title or Position

Guardian's Name in case of minor

Relationship to Injured

First Aid Person Signature

First Aid Person Name (print)

Witness Signature

Witness Name (print) / Witness Cell #

This form should be signed, dated and returned to the Production Safety Representative.

NOTES: _____

