

## Safety Responsibilities Unit Production Manager

### **Safety Program Information for Unit Production Manager (UPM)**

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 the Unit Production Manager (UPM)**

The UPM has the authority and is responsible for overall management and administration of the Injury & Illness Prevention Program. All staff are responsible for carrying out the IIPP.

As UPM, you are to see that your employees are provided with:

1. A safe work environment;
2. Equipment that has been inspected and is in safe working condition;
3. All training and/or personal protective equipment required by the tasks they are asked to perform.

### **Production Start-Up**

1. Instruct your department heads that they may only hire employees who have the proper safety training for, and who understand how to safely perform, any task they are asked to do. (*In Southern California, this includes completion of all Safety Pass training required by their job classification. See [www.csatf.org](http://www.csatf.org) for more information.*) If you need help arranging training, **call the Production Safety Representative**.
2. Make sure everyone you hire receives a copy of **Form 1 – General Safety Guidelines for Production** and signs an **Acknowledgment Form**. This is most easily accomplished by attaching it to the deal memo.
3. Organize and conduct an IIPP meeting with the **1<sup>st</sup> Assistant Director, Construction Coordinator, Transportation Coordinator, Special Effect Coordinator, and Stunt Coordinator**. The above Department Heads are responsible for coordinating the Safety Program within their departments.
  - a. Direct everyone to **Section 3: Position Safety Responsibilities**. See that they read them, understand them and follow them.
  - b. Empower the **1<sup>st</sup> AD** as the person responsible for implementing the Safety Program on the Production side when the cameras are rolling and the set is active and shooting.
  - c. Empower the **Construction Coordinator** as the person responsible for implementing the Safety Program on the Construction side.
4. Before you begin set construction, have your **Construction Coordinator** call the **Production Safety Representative** to discuss safety training, fall protection, and other safety issues.
5. As early as possible, you or your **Production Office Coordinator** should call the Production Safety Representative to schedule your production's **Safety Orientation**. (This usually takes place immediately before your first production meeting and lasts about 30 minutes.)
6. Visit **[www.safetyontheset.com](http://www.safetyontheset.com)** to familiarize yourself with the safety information available, (AMPTP Safety Bulletins, Tool Box Talks, etc.) and to read the **Production Safety Manual**. Your Production Office Coordinator has been instructed to print out the Safety Manual. *Always keep a copy on set and in the production office.*
7. Instruct your **Location Manager** to contact the Production Safety Representative to discuss any questions regarding possible asbestos, lead paint and mold; or location fall protection, rooftop, or structural concerns.
8. Hire only **Stunt Coordinators** knowledgeable in the action they will be supervising. Hire stunt players who have the proper training and who understand or have previously demonstrated the similar work they will be asked to do. Stunt Coordinators performing their own stunts need a second stunt person to act as Stunt Coordinator during the sequence.

Instruct **your Stunt and Special Effects Coordinators** to contact the Production Safety Representative well in advance of any large stunt or special effect.
9. Your **Production Office Coordinator** will keep a file of all completed Safety Forms.

## **On-Production**

### **Implement the IIPP:**

1. To help keep the safety program consistent, the 1<sup>st</sup> Assistant Director, Construction Coordinator, Transportation Captain/Coordinator, Special Effects Coordinator, and Stunt Coordinators are to consult with the UPM on all safety matters.
2. Advise **the Production Safety Representative** (in writing or verbally) of safety concerns and IIPP compliance activities on a regular basis.
3. Communicate with **the Production Safety Representative**, your **Director**, and your **Department Heads** regarding specific script and shooting concerns.
4. Request laboratory testing, engineering services, and/or additional information from **the Production Safety Representative** on potentially unsafe substances or processes. For example:
  - a. Possible asbestos at a location
  - b. Environmental concerns, such as shooting near water, which may pose potential hazards to crew or the environment.
  - c. Use of smokes, fogs and pyrotechnics, etc.
  - d. Unusual applications of equipment manufactured for another purpose.
5. See to it that **Department Heads** are conducting training and performing their IIPP duties. Additional training of these crewmembers may be necessary.
6. Review IIPP documentation regularly for completion and compliance.
7. See to it that the IIPP remains in effect for all second units, re-shoots, and opticals.
8. To avoid fines when shooting on location in the City of Los Angeles, be sure to complete the **Los Angeles Fire Department Film Location Fire Inspection Safety Checklist** daily.

### **Coordinate response to accidents and emergencies:**

1. See to it that emergency procedures are in place for all locations and that the nearest hospital has been identified. This information should be recorded on the **Location Safety Poster** or **Stage Safety Poster**, which are available from the Production Safety Representative. (*The Safety Poster should be posted at the worksite. Emergency numbers are to be posted by all set telephones.*)
2. Maps and directions to the nearest hospital are to be provided by the Location Manager to:
  - a. 1<sup>st</sup> AD/Stage Manager
  - b. Construction Coordinator
  - c. Transportation Coordinator
  - d. Special Effects Coordinator
  - e. Stunt Coordinator
  - f. First Aid Staff
3. If anyone is injured on the job, immediately send them to First Aid or the set medic for evaluation. (See "Serious Accidents, Injuries and Mishaps" below.)

***Instruct your Set Medics to fill out appropriate paperwork and make notification to the Production's Workers Comp Department in the event of any injury or illness.***

### **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, AFTER ALL NECESSARY EMERGENCY PERSONNEL ARE CALLED, the UPM should notify THE PRODUCTION EXECUTIVE immediately WITHOUT EXCEPTION. After discussion with your Production Executive and with her/his instruction, the following people will be notified:**

- **Production Safety Representative**
- **Risk Management Department**
- **Labor Relations Executive\***
- **Worldwide Corporate Communication/ Publicity Executive**

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, your **Production Safety Representative** will make these notification calls.

***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.***

1. 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 the Production Safety Representative and Risk Management.
2. 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.
3. Under the guidance of the Studio Legal Department, the Production Safety Representative will conduct any additional accident investigations necessary.

***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.***

#### **OSHA/Government Inspector/Investigation activities:**

If you are ever visited or contacted by **OSHA**, or any government agency, contact the **UPM** and the **Production Safety Representative** immediately. Also contact the **Production Executive and Production Attorney**.

1. Immediately notify the UPM. If not available contact the **1st AD** and the **Production Safety Representative**.
2. Request the official's credentials and determine their validity.
3. Tell the inspector it is company policy to have the **Production Safety Representative** present for any inspection. Ask them politely to wait, and call the Production Safety Representative immediately.
4. Determine the nature of the visit. Be courteous, quiet, and cautious.
5. If the inspector refuses to wait, accompany the official directly to the site in question. Go straight to the site and try not to let the official wander into other areas.
6. Do not sign anything or provide written documentation. Ask that their request for documentation be placed in writing so it may be responded to in writing.
7. Ask for explanations of the problem and welcome any suggestions for corrective action. If possible, make corrections immediately.
8. If the inspector/investigator wants to take photographs, they may. You should however take your own pictures of any area that they photograph.
9. Answer questions directly; however, do not volunteer information.
10. Make detailed notes immediately after the official has departed. Copies are to be sent to the **Production Attorney** and to the Production Safety Representative.
11. Refer to "OSHA Inspection Guidelines" and "Regulatory Agency Inspection Guidelines" in the **Production Safety Manual** for more information.

#### **Document IIPP activities:**

Forward copies of all IIPP documentation on a regular basis to the **Production Office Coordinator** and the **Production Safety Representative**:

1. All completed Safety Forms
2. Acknowledgments of Receipt of Safety Guidelines
3. Any training given to cast or crew
4. Accident and injury reports
5. Correspondence with OSHA or other governmental agencies.

### **Show Wrap**

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.

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.

### **FIREARM POLICY**

*The Company expressly prohibits weapons, including but not limited to firearms, in the workplace. The workplace includes all property owned, leased or controlled by the Company. Exceptions will be made for weapons approved for use for filming or with prior written approval by the Company. Failure to strictly adhere to the foregoing will result in disciplinary action, up to and including termination.*

## 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 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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<br>(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: \_\_\_\_\_