PRODUCTION SAFETY MEETING REPORT

This form is to be utilized when a Safety Meeting cannot be documented on the ***Daily Production Report.***

Production Name:		**To Be Completed By:**	***UPM/1st AD or Designee***
Copies Sent To:	***Safety***	**To Be Stored By:**	***Production Office Coordinator***
Production Location:		**Today's Date:**	
Special Instructions:	**When:** *For productions when additional safety planning is required for an event.* **Frequency:** *As needed.*		
Meeting Location:			
Conducted By:		**Title:**	
Cast/Crew Craft or Category:			

SUBJECT(S) DISCUSSED

ATTENDEES

Print Name	Title	Sign Name

Additional attendees should be noted using sheet on Page 2.

Production Safety Meeting Report Attendees		
Print Name	**Title**	**Sign Name**