

# PYROTECHNICS QUESTIONNAIRE

Named Insured (Production Company): \_\_\_\_\_

Title of Production: \_\_\_\_\_ Episode # (If applicable) \_\_\_\_\_

1. Date of Shoot: \_\_\_\_\_

2. Location of Shoot: \_\_\_\_\_

3. Provide a description of the activity. Please include the materials being used and size of fire/explosion.

\_\_\_\_\_  
\_\_\_\_\_

4. Will the activity take place inside or outside? \_\_\_\_\_

5. Describe the fire safety in place to prevent injury to persons and damage to property.

\_\_\_\_\_  
\_\_\_\_\_

6. Confirm all employees, cast, participants and the public will be kept at a safe distance from the activity.

\_\_\_\_\_

7. Has a fire permit been obtained? \_\_\_\_\_

8. Will a fire safety officer be on set? \_\_\_\_\_

9. Who is the employer of record for each person involved the pyro activity? \_\_\_\_\_

10. Name and phone number of the Special Effects Coordinator \_\_\_\_\_