

Safety Responsibilities

KEY DEPARTMENT HEADS

*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 crew's 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.)
 - d. For every location, be sure to review **Prep/Strike Location Safety Information (Form 7B)**, which you should receive from the Location Manager.
 - e. 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.)
5. 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**.

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- 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. 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.
 - 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.
- 4. See to it that the **Accident Investigation Report (Form 9)** has been filled out and submitted to the Production Office Coordinator.
- 5. Clear the area and protect the crew from further injury (e.g. remove equipment from service, post warning signs, arrange further training).
- 6. Preserve evidence for further investigation.

ACCIDENT INVESTIGATION REPORT

(Send to Production Office Coordinator when completed.)

*To be completed for EVERY injury or illness, regardless of severity.
For serious injuries or illnesses, see Form 4: Serious Incident Reporting Procedures.*

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

PRODUCTION NAME: _____

DATE: _____

INJURED'S NAME: _____

TITLE: _____

DATE OF ACCIDENT: _____

TIME OF ACCIDENT: _____ AM ___ PM ___

LOCATION OF ACCIDENT: _____

Type of Injury/Illness

(Check all that apply)

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