

Safety Responsibilities

PRODUCTION OFFICE COORDINATOR

Safety Program information for the Production Office Coordinator (POC)

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 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 often, so please check everyone's Safety Pass status every season at www.csatf.org.

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 ways proficiency can be documented, different Department Heads will submit varying evidence of training. All of it is important.
2. **Please note: If you are hiring anyone directly from Southern California to work on your production, they must have completed all Safety Pass classes required for their job classification.**
3. **Productions working outside of Southern California may be eligible for free IATSE Training Trust Fund Area Standards Agreement Safety Training. Information is available at www.iatsetrainingtrust.org/asa.**
4. 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.
5. 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.
6. Most importantly, make sure a signed **Employee Acknowledgment** for receipt of **(Form 1) General Safety Guidelines for Production** is on file for all employees from all departments.
7. If you need help arranging safety 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 www.safetyontheset.com the first week of employment. This manual is meant to provide guidance and clarification of possible questions.
3. Print at least 3 copies of the Production Safety Manual: One each for the Production Office, the Assistant Directors, and the Construction Coordinator. A copy should be on all stages and locations as well.

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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. IIPP Contact List (Form 2)
3. 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. Asbestos/Lead/Mold Guidelines (Form 7A)
 - e. Prep/Strike Location Safety Information (Form 7B)
 - f. Location On-Production Hazard Assessment Checklist (Form 8)
 - g. 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 2ndAD

Injuries and Illnesses

1. Please read the 2019 revised *Injury & Illness Reporting Procedures*, which are attached to this document. **Your Production Safety representative is NOT to receive Workers Comp forms or any employee's personal Health information.**
2. You should receive an **Accident Investigation Form (Form 9)** and a **Form 5020** or local equivalent from your Set Medic for every injured employee. 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.

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*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/deal memo)
<i>Form 2: Contact List</i>	POC	At show start-up, once per season, or if info changes.
<i>Form 3: On-Set Safety Meeting for Crew and Cast</i>	First AD	At every new stage and location and when special activities are planned.
<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>	1st 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 7A: Asbestos/Lead/Mold Guidelines</i>	Location Manager	For every location
<i>Form 7B: Location Prep/Strike Safety Information</i>	Location Manager	For every location
<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 Investigation Report</i>	UPM, 1 st AD, Medic 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 15A: Second AD Safety Meeting</i>	2 nd AD	Every day at every stage or location
<i>Form 16: Right of Refusal of Medical Aid</i>	Medic	For any injured employee who refuses medical aid.
<i>Form 10 - 14</i>	Anyone	As needed.

Safety Program Form Completion Chart -Revised July 2019

CONTACT LIST FOR INJURY AND ILLNESS PREVENTION PROGRAM FOR PRODUCTION

Production Name:		Production Location:	
Today's Date:		To Be Completed By:	<i>Production Office Coordinator</i>
To Be Retained By:	<i>Production Office Coordinator</i>	To Be Sent To:	<i>Production Safety Representative</i>
Instructions:	<i>When: At beginning of production. Frequency: Once, unless contact information changes.</i>		
<i>Position</i>	<i>Name</i>	<i>Office Phone</i>	<i>Emergency Phone</i>
Unit Production Manager			
Production Office Coordinator			
1 st AD (Odd)			
1 st AD (Even)			
Construction Coordinator			
Transportation Coordinator			
Production Executive			
Production Attorney			
Production Safety Representative			

INJURY AND ILLNESS REPORTING PROCEDURES

ALL INJURIES TO CREW OR CAST MEMBERS MUST BE REPORTED TO THE PRODUCTION SAFETY REPRESENTATIVE.

Form 9: Accident Investigation Report should be completed for every injury or illness, no matter the severity.

Serious Incident Reporting Procedures:

A Serious Incident is an injury or illness that results in transportation by ambulance, visitation to the hospital by one or more employees, any treatments other than general first aid,*any near miss during stunts or special effects, any injury – even minor – to cast members or stunt performers, or any serious property/asset damage.

**An OSHA chart of treatment that is considered First Aid is attached.*

Please note: *These are SAFETY PROGRAM procedures. Workers Comp requires different documentation. Because sensitive personal medial information is often included, please DO NOT send Workers Comp forms or reports to the Production Safety Representative unless specifically requested.*

UPM:

- If the injury or illness meets the criteria for a serious incident, IMMEDIATELY notify your **Production Safety Representative**, who will make all necessary notifications.
- **Accident Investigation Report – Form 9.**
 - Every section of this form needs to be completed, including “Steps taken to prevent recurrence.”
 - This form can be completed by the person having the most knowledge of the incident: Medic, Department Head, Production Office Coordinator, UPM. The Production Safety Representative will assist if requested.
- Some injuries and illnesses require timely **OSHA notification**. The Production Safety Representative will make this notification, based upon information from you.
- **Forward completed Form 9 to POC.**

MEDIC:

- **IMMEDIATELY notify the UPM of the injury or illness.**
- Fill out ***Employer’s Report of Occupational Injury or Illness (Form 5020)*** or local equivalent.
- If employee refuses recommended treatment or transportation to the hospital, have employee complete and sign ***Right of Refusal of Medical Aid – Form 16.***
- **Forward completed Form 5020 and Form 16 to Production Office Coordinator.**

POC:

- **Forward completed Form 9 and Form 16 to Production Safety Representative.**
- Forward Form 5020 if requested by Production Safety Representative.
- If patient is hospitalized, keep Production Safety Representative updated on status.

PRODUCTION SAFETY REPRESENTATIVE:

- Will notify OSHA if required.
- Will conduct additional investigation if needed.
- Will assist with any OSHA or other agency investigations.

First Aid List

1904.7 (b)(5)(ii) What is “first aid”?

For the purposes of Part 1904, "first aid" means the following:

(A)	Using a nonprescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
(B)	Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
(C)	Cleaning, flushing or soaking wounds on the surface of the skin;
(D)	Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc. are considered medical treatment);
(E)	Using hot or cold therapy;
(F)	Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
(G)	Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
(H)	Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
(I)	Using eye patches;
(J)	Removing foreign bodies from the eye using only irrigation or a cotton swab;
(K)	Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
(L)	Using finger guards;
(M)	Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
(N)	Drinking fluids for relief of heat stress.

(iii) Are any other procedures included in first aid?

No, this is a complete list of all treatments considered first aid for Part 1904 purposes.

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:

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: _____

