

LOCATION & PRODUCTION OFFICE HAZARD CHECKLIST

FOR LOCATION MANAGERS

This checklist is required to be completed for each location or production office. Explain all items of concern and how/when these items will be resolved in the *Hazard Description Table*.

COMPLETE and RETAIN a copy in the Production Office.

PRODUCTION COMPANY: _____

PRODUCTION TITLE: _____

LOCATION: _____

SCHEDULE SHOOTING DATES: _____

INSPECTION ITEM

YES NO N/A

General

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| 1. | Did you inform the managers/owners of the location as to what activity the production company will perform? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Are the managers/owners aware of any hazards associated with the site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Have previous hazard assessments performed at the location been reviewed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are there engineering reports and floor plans which outline pick points, weight loads and structural issues available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | If the location is an operational facility, has there been a facility liaison assigned to the production? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | If the location is an operational facility, are there emergency procedures available on site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are there any concerns regarding extreme weather conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Are there any water hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Hazardous Materials

YES NO Unknown

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|-----|--|--------------------------|--------------------------|--------------------------|
| 9. | If the location is an operational facility, are there copies of material safety data sheets (MSDS) on file at the location for all hazardous material being used/stored on site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Are all existing hazardous materials properly stored and/or secured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Have previous hazardous material safety surveys (asbestos, Lead PCBs) been completed at the site by the owner or by previous Productions. Contact Actsafe to determine if any reports are available. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Are there existing asbestos containing materials at this location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Are there potential lead based paints associated with the location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Does the location contain lead-based paints? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Does the location contain PCB materials (i.e. electric transformers) or PCB storage areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Does the location contain an obvious amount of dust or particulate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|-----|---|--------------------------|--------------------------|--------------------------|
| 17. | Has this location been used for a purpose that would have resulted in excessive dust or particulate creation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Are there potentially dangerous levels of exposure to microbial contaminants at this location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Is there a risk for exposure to biological contaminants (blood, urine, feces, animal remains?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Do any hazardous materials need to be removed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Access and Egress

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|-----|---|--------------------------|--------------------------|--------------------------|
| 21. | Are there housekeeping issues such as areas of potential slips, trips, falls at the location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Are there areas that need to be clearly marked and/or taped "KEEP OUT"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | Are exits, corridors, and stairways illuminated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Are fire exits clearly marked and unobstructed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | Are stairs slip resistant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | Are floor numbers provided in stairwells? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | Are there appropriate means of emergency egress and communications such as lights, fire exits, operational telephone lines and signs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | Are there adequate areas for storage of equipment that will not obstruct emergency exits etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fall Protection/ Confined Spaces

- | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|
| 29. | Are guard rails of hand railings in place on raised platforms or potentially unstable areas (e.g. cliff edges, stair cases, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | Are there any confined spaces associated with or at the location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Ventilation

- | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|
| 31. | Will the production be using chemicals, paints, or smoke and fog that will require ventilation controls and spray booths? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | Does the building have a general ventilation system that is operating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | Are there enclosed areas (e.g. tunnels) that may require supplementary ventilation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | Is there an adequate heating system for the building? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. | Are there areas that can be ventilated for activities that generate potential airborne hazards (e.g. welding, two-part isocyanate foam, hot wire cutting)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Electrical

- | | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|-----|--|--------------------------|--------------------------|--------------------------|
| 36. | Are there any potential live electrical hazards (exposed wiring, electrical boxes etc.) at the location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. | Is the A.C. grounded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. | Is there enough electrical output for the demand needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fire Systems

- | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|
| 39. | Are fire extinguishers and/or other fire safety equipment available and in working condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. | Are there specialized electrical safety extinguishers in close proximity to the main electrical panel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. | Are sprinkler heads clear of obstruction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. | Are fire lanes clear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. | Are fire hydrants accessible? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. | Are all fire department connections clear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. | Does the building allow for a four foot fire lane perimeter with the stage set? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Water/Washroom Facilities

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|-----|---|--------------------------|--------------------------|--------------------------|
| 46. | Are there hygienic and functional washrooms (separate mens/womens) for the intended amount of workers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. | Is there sanitary potable water on site and enough running water for departments such as paint, construction etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. | Is there adequate heating/cooling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. | Can heaters and fans be brought in without compromising air quality and fire safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Security

- | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|
| 50. | Is there security at the site especially for those working alone at night? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. | Is there an obvious need for security escorts (day or night)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. | Is the outdoor lighting adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. | Is there a concern for injury to the person (either from other people or wildlife?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. | The number of P.A.'s are adequate for lock up, guarding equipment etc? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

First Aid

- | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|
| 55. | Is there an adequate first aid room at the site or close to the site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. | Is there a hospital within 20 minutes travel time taking into account traffic, road works, train tracks, terrain etc? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Traffic Control

- | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|
| 57. | Does traffic control need to be arranged? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. | Do cars need to be safely routed around the shooting area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Safety Notices

- | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|
| 59. | Do safety notices or safe work practices need to be posted or attached to the call sheet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|---|--------------------------|--------------------------|--------------------------|

HAZARD DESCRIPTION TABLE

Hazard Description	Area of Concern	Action Taken

Additional Comments

Your Name: _____ Signature: _____

Date: _____ Title: _____



Resource Information

Contact	Telephone Number
Emergency (Ambulance/ Fire/ Police)	911
Poison Control	604-682-5050 or 604-682-2344
Workers' Compensation Board (Prevention Division)	604-276-3100 After Hours Emergency: 604-273-7711
Utilities: (Vancouver Area) Hydro Gas Telus	604-250-0888 604-298-1400 611
Chemical Spill Reporting Hotline (Provincial Emergency Program) (Environment Canada)	(24 hour/ day - 7 days/ week) 1-800-663-3456 604-666-6100
Acts safe	Tel: 604-733-4682 Fax: 604-733-4692
<p>A List of Consultants (for surveys or sampling, etc) and Laboratories (for water soil sampling, etc.) is available from ACTSAFE and our website: www.actsafe.ca</p>	