Final Safety Evaluation Report

This report must be submitted via email to safetyadvisorevaluation@csatf.org, and incentiveprogram4@film.ca.gov, within 60 days following the completion of filming activities. It will be shared with the Industry-Wide Labor-Management Safety Committee and the California Film Commission.

Production Name: _____

Production Address: _____

_____

Production Type: _____

Date of Evaluation: _____

Safety Advisor Name(s): _____

_____

Name and position of the person, or persons, having overall responsibility for the safety program.

_____

Production Category:

☐ Non-independent feature film	☐ Relocating television series
☐ Independent film with a budget of over $10 million	☐ Miniseries
☐ Independent film with a budget of $10 million or less	☐ Large Scale competition show
☐ Pilot	☐ Animated project
☐ New television series	☐ Other
☐ Recurring television series	

General Information

Total Production Days Worked in California: _____

Prep Days: _____

Wrap Days: _____

Filming Days: _____

Risk Assessments

Total Number of General Risk Assessment(s) written: _____

Total Number of Specific Risk Assessments written for each category:

(If a Specific Risk Assessment was not completed for a particular category, write "N/A" next to that category)

Firearms:	_____	Workweeks of more than 60 hours:	_____
Major Pyrotechnics:	_____	Overhead Rigging:	_____
Major Stunts:	_____	Rugged Outdoor Locations:	_____
Process Shots / Insert Car Work:	_____	Inclement Weather:	_____
Aircraft (including drones):	_____	Animals:	_____
Trains:	_____	Work at Heights:	_____
Vehicles Off-Road:	_____	Intermittent Traffic Control:	_____
Watercraft in Open Water:	_____	Night Shoots (as necessary):	_____
Individuals In or Under Water:	_____	Other High-Risk Activities:	_____

Total: _____

Assignment and Presence Questions

1. Was there a dedicated Safety Advisor assigned exclusively to this production? (meaning, the Safety Advisor was not working on another production while also working on this production)

   ☐ Yes ☐ No

2. Was there more than one Safety Advisor hired or assigned to this production?

   ☐ Yes ☐ No

   If yes, please explain (e.g., safety advisor was sick, multiple units, safety advisor was replaced, multiple locations): _____

   _____

3. If there were multiple production-related activities taking place in multiple locations, did the Safety Advisor have the authority to determine which worksite would be the most appropriate for his/her physical presence?

   ☐ Yes ☐ No

Pre-Production Planning

4. Was a Safety Advisor hired or assigned to the production by the time the department heads started the pre-production process of planning for construction or high-risk activities?

   ☐ Yes ☐ No

   If not, please explain: _____

General and Specific Risk Assessments

5. Please provide the date(s) on which the general risk assessment(s) was/were performed:
   _____
   _____

6. Did the general risk assessment process include:

Safety Advisor participation in pre-production meetings?	☐ Yes	☐ No
Planning for construction or high-risk activities?	☐ Yes	☐ No
Script breakdown with script-specific activities?	☐ Yes	☐ No
Location hazard identification?	☐ Yes	☐ No
Inspection of all locations and relevant facilities?	☐ Yes	☐ No
Identification of specific risk assessments in collaboration with department heads and subject matter experts?	☐ Yes	☐ No

   If no to any of the above, please explain:

   _____

   Was there a request to share the General Risk Assessment? If yes, to whom?

7. Were any specific risk assessments performed?

   ☐ Yes ☐ No

   If not, please explain: _____

8. If specific risk assessments were performed, did the Safety Advisor collaborate with department heads and those with specialized knowledge on those specific risk assessments?

   ☐ Yes ☐ No

   If not, please explain: _____

Daily Safety Meetings

9. Did the production conduct daily safety meetings?

☐ Yes ☐ No

If not, please explain: _____

10. Did the production conduct a safety meeting when firearms were used?

☐ Yes ☐ No

If not, please explain: _____

11. Did the Safety Advisor participate in these safety meetings whenever the Safety Advisor was present at a particular worksite?

☐ Yes ☐ No

If not, please explain: _____

Access and Inspections

12. Did the Safety Advisor have access to, and the opportunity to inspect, all locations, facilities, equipment, supplies, materials, and props?

☐ Yes ☐ No

If not, please explain: _____

Reporting and Documentation

13. Did any Cal/OSHA Recordable injuries or illnesses occur during the production?*

Yes ☐ No ☐ Total Number of Injuries: _____ and of Illnesses: _____

*For more information, refer to Cal/OSHA definitions and recording instructions.

14. During the production, were there any fatalities, serious injuries, or illnesses that occurred in California?*

Deaths: Yes ☐ No ☐ Total Number: _____

Serious Injuries: Yes ☐ No ☐ Total Number: _____

Serious Illnesses: Yes ☐ No ☐ Total Number: _____

If so, did the Production report these incidents to the California Division of Occupational Safety and Health (Cal/OSHA) as required by law?

☐ Yes ☐ No

If not, please explain: _____

*Cal/OSHA defines "Serious injury or illness" as "means any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone." For more information, refer to Cal/OSHA definitions and reporting instructions.

15. Were there any meaningful changes to the proposed activity(ies) or location(s) that changed the specific risk assessment or mitigation plan and that, in turn, caused a specific risk assessment to be revised?

☐ Yes ☐ No

If not, please explain: _____

16. Did the production make all risk assessments accessible via electronic transmission, upon request, to performers, crew, and labor organization representatives?

☐ Yes ☐ No

If not, please explain: _____

If you wish to provide any additional information, please attach the information as an addendum to this report.

Acknowledgment

I/We certify that this report was completed within 60 days following the completion of filming activities.

Printed Name(s): _____

_____

Signature(s) of Safety Advisor(s): _____

_____

Signature of person or persons having overall responsibility for the safety program: _____

Date: _____

Phone Number(s): _____

Email(s): _____