

## PRODUCTION RISK ASSESSMENT

Production Company: \_\_\_\_\_ Address: \_\_\_\_\_

Episode/Scene Number/Name: \_\_\_\_\_

Production Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Safety Advisor (or person filling out this assessment): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person Having Authority Over Safety Program: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Studio Safety Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Studio/Production Executive: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agencies on Site: \_\_\_\_\_

AHJ(s) Issuing Permit(s): \_\_\_\_\_

Set Medic: \_\_\_\_\_ Phone: \_\_\_\_\_

Closest Hospital: \_\_\_\_\_

Anonymous Safety Hotline Number: 888-7-SAFELY

Activity Identified: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Department(s) Affected: \_\_\_\_\_

Date Range of Activity: \_\_\_\_\_

Date of Activity Completion: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

---

		Probability (X-axis) →			
		Unlikely	Occasional	Likely	Frequent
Severity (Y-axis) ↓	Negligible	Low	Low	Low	Medium
	Moderate	Low	Medium	Medium	High
	Critical	Medium	High	High	Extremely High
	Catastrophic	Medium	High	Extremely High	Extremely High

Severity of Activity Before Controls:    \_\_\_ Negligible    \_\_\_ Moderate    \_\_\_ Critical    \_\_\_ Catastrophic

Probability of Activity Before Controls:    \_\_\_ Unlikely    \_\_\_ Occasional    \_\_\_ Likely    \_\_\_ Frequent

Activity Ranking Before Controls:        \_\_\_ Low            \_\_\_ Medium        \_\_\_ High            \_\_\_ Extremely High

Controls Applied:    \_\_\_ Elimination    \_\_\_ Substitution    \_\_\_ Engineering    \_\_\_ Administrative    \_\_\_ PPE

Description of Controls Applied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Severity of Activity After Controls:    \_\_\_ Negligible    \_\_\_ Moderate    \_\_\_ Critical    \_\_\_ Catastrophic

Probability of Activity After Controls:    \_\_\_ Unlikely    \_\_\_ Occasional    \_\_\_ Likely    \_\_\_ Frequent

Activity Ranking After Controls:        \_\_\_ Low            \_\_\_ Medium        \_\_\_ High            \_\_\_ Extremely High

Will a standby ambulance or advanced life support be available for this activity?    \_\_\_ Yes    \_\_\_ No