

# **PRODUCTION SAFETY GUIDEBOOK FOR MOTION PICTURE PRODUCTION BRITISH COLUMBIA**

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Production Name

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Production Company

January 2026

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## Table of Contents

<b>OCCUPATIONAL HEALTH &amp; SAFETY PROGRAM.....</b>	<b>1</b>
<b>PRODUCTIONS SAFETY CONTACTS.....</b>	<b>2</b>
<b>OCCUPATIONAL HEALTH &amp; SAFETY POLICY .....</b>	<b>3</b>
<b>OH&amp;S Program Responsibilities .....</b>	<b>4</b>
PRODUCER .....	4
UNIT PRODUCTION MANAGER .....	4
DIRECTOR.....	5
DIRECTOR OF PHOTOGRAPHY .....	5
FIRST ASSISTANT DIRECTOR (1st AD) .....	5
SECOND ASSISTANT DIRECTOR (2nd AD) .....	5
CONSTRUCTION COORDINATOR .....	5
LOCATION MANAGER .....	5
STUNT COORDINATOR.....	6
TRANSPORTATION COORDINATOR.....	6
KEY GRIP .....	6
GAFFER .....	6
DEPARTMENT HEADS / SUPERVISORS .....	6
PRODUCTION OFFICE COORDINATOR .....	7
CAST & CREW MEMBERS.....	7
PRODUCTION SAFETY REPRESENTATIVE .....	7
EMPLOYEE COMPLIANCE.....	7
<b>COMMUNICATION WITH EMPLOYEES .....</b>	<b>8</b>
<b>PRODUCTION SAFETY GUIDELINES.....</b>	<b>10</b>
<b>REPORTING SAFETY CONCERNS .....</b>	<b>10</b>
<b>NO RETALIATION .....</b>	<b>10</b>
<b>BULLYING, VIOLENCE &amp; HARASSMENT.....</b>	<b>10</b>
<b>INCLEMENT WEATHER PROGRAM .....</b>	<b>10</b>
<b>NOTICE OF PROJECT.....</b>	<b>11</b>
<b>JOINT HEALTH &amp; SAFETY COMMITTEE.....</b>	<b>12</b>
ROLE OF THE JOINT HEALTH & SAFETY COMMITTEE.....	12
DUTIES OF THE JOINT HEALTH & SAFETY COMMITTEE.....	12

TYPICAL MEETING AGENDA .....	12
<b>YOUNG AND NEW WORKER ORIENTATION .....</b>	<b>16</b>
DEFINITIONS.....	16
ORIENTATION REQUIREMENTS.....	16
ORIENTATION CONTENT .....	16
<b>WORKING ALONE .....</b>	<b>18</b>
<b>INJURY, ILLNESS &amp; INCIDENT REPORTING .....</b>	<b>20</b>
WORK-RELATED INJURIES.....	20
INCIDENTS.....	22
INJURY INVESTIGATION REQUIREMENTS.....	22
WHEN AN ACCIDENT OCCURS .....	23
POST-INCIDENT INVESTIGATION PROCEDURES .....	23
FATALITIES OR SERIOUS BODILY INJURIES .....	23
<b>FIRST AID &amp; EMERGENCY PROCEDURES.....</b>	<b>25</b>
FIRST AID REQUIREMENTS .....	25
EMERGENCY RESPONSE & PREPAREDNESS REQUIREMENTS .....	Error! Bookmark not defined.
MINIMUM REQUIREMENTS FOR EMERGENCY RESPONSE & PREPAREDNESS .....	25
<b>RISK ASSESSMENTS .....</b>	<b>26</b>
GUIDELINES ON HOW TO COMPLETE A RISK ASSESSMENT .....	26
Identify the Hazards .....	26
Decide Who Might Be Harmed & How .....	26
Evaluate the Risks & Decide on Precautions .....	26
Record Your Findings & Implement Them .....	26
Review the Risk Assessment & Update It When Necessary .....	27
<b>LOCATION HAZARD ASSESSMENT .....</b>	<b>28</b>
GUIDELINES ON HOW TO COMPLETE THE LOCATION HAZARD CHECKLIST.....	28
General Items.....	28
Hazardous Materials.....	28
Access & Egress .....	28
Fall Protection & Confined Space .....	28
Electrical .....	29
Fire Systems .....	29
Water & Washroom Facilities / Food & Catering Services .....	29
Security.....	29
First Aid Requirements .....	29
Traffic Control .....	29
Safety Notices .....	29
<b>WORKPLACE INSPECTIONS.....</b>	<b>30</b>
<b>SAFE WORK PROCEDURES .....</b>	<b>31</b>
<b>CODE OF SAFE PRACTICES.....</b>	<b>32</b>

<b>EDUCATION&amp;TRAINING .....</b>	<b>34</b>
<b>PERSONALPROTECTIVEEQUIPMENT(PPE) .....</b>	<b>35</b>
PERSONAL PROTECTIVE EQUIPMENT .....	35
GENERAL REQUIREMENTS.....	35
SAFETY HEADGEAR.....	35
SAFETY FOOTWEAR.....	35
RESPIRATORY PROTECTION.....	35
HEARING PROTECTION .....	36
EYE & FACE PROTECTION.....	36
HIGH VISIBILITY VESTS, WRIST AND ANKLE REFLECTORS .....	36
FALL PROTECTION .....	36
OTHER SPECIAL PROTECTIVE CLOTHING .....	36
<b>WORKPLACEHAZARDOUSMATERIALINFORMATION SYSTEM(WHMIS).....</b>	<b>37</b>
CHEMICAL INVENTORIES .....	37
LABELING .....	37
TRAINING.....	38
SAFETY DATA SHEETS (SDS) .....	38
<b>HAZARDOUS WASTE DISPOSAL GUIDELINES.....</b>	<b>39</b>
<b>PROCEDURES FOR SHIPPING OF DANGEROUS GOODS.....</b>	<b>41</b>
<b>RECORDS &amp; DOCUMENTATION.....</b>	<b>42</b>
<b>FORMS &amp; CHECKLISTS.....</b>	<b>43</b>
Joint Health & Safety Committee Minutes.....	44
Young & New Worker Orientation Checklist .....	45
Employer Incident Investigation Report (EIIR) .....	46
Emergency Procedures .....	50
Production Risk Assessment Stunt / Special Activity .....	51
Location Hazard Assessment Checklist .....	53
Workplace / Construction Inspection Checklist.....	56
Workplace Inspection Report.....	58
Office Inspection Checklist.....	59
Sound Stage Safety Inspection Checklist.....	60
Stunt Safety Inspection Checklist .....	61
Special Effects Safety Inspection Checklist.....	64
Production Activity Notification Checklist.....	66

Emergency Action Plan .....	68
Fire Prevention Plan .....	70
Employee Warning Report .....	71
Hazard Notification Form.....	72
Injury and Illness Report Form .....	73
Supervisor Incident Investigation Report.....	77
Safety Meeting Attendance Form.....	78
Right of Refusal of Medical Aid .....	79
Anonymous Safety Report Form .....	80
Health and Safety Guidelines for Background Performers .....	81
Production Safety Information.....	83
Fall Protection Plan .....	84
Inclement Weather Program.....	88

## OCCUPATIONAL HEALTH & SAFETY PROGRAM

PRODUCTION TITLE \_\_\_\_\_

PRODUCTION COMPANY \_\_\_\_\_

The individuals identified below are the Department Heads' main points of contact.

UNIT PRODUCTION MANAGER \_\_\_\_\_

CELL \_\_\_\_\_

1st ASSISTANT DIRECTOR \_\_\_\_\_

CELL \_\_\_\_\_

CONSTRUCTION COORDINATOR \_\_\_\_\_

CELL \_\_\_\_\_

PRODUCTION OFFICE COORDINATOR \_\_\_\_\_

CELL \_\_\_\_\_

PRODUCTION SAFETY REPRESENTATIVE \_\_\_\_\_

CELL \_\_\_\_\_

LOCAL PRODUCTION SAFETY CONSULTANT \_\_\_\_\_

CELL \_\_\_\_\_

**Anonymous Safety Hotline: (323) 956-SAFE (7233)**

Copies of the Occupational Health and Safety Program can be found in the Production Office, Construction Office, and with the ADs on set.

## **Production Safety Department:**

**Production Safety Hotline: (323) 956-SAFE (7233)**

### **Production Safety Contact List:**

Allison Dillard – Senior Vice President (SVP)  
Paramount Skydance Corporation  
Cell: (323) 273-6524  
allison.dillard@paramount.com

Dan Harder – Director  
Paramount Skydance Corporation  
Office: (323) 956-8023  
Cell: (818) 486-9926  
dan\_harder@paramount.com

Kerry Ann Jaggassar, CIH, CSP – Director  
Paramount Skydance Corporation  
Cell: (323) 816-7668  
kerryann\_jaggassar@paramount.com

Brandon Demchak – Manager  
Paramount Skydance Corporation  
Cell: (805) 266-8037  
brandon.demchak@paramount.com

Ben Jensen – Executive Director  
Paramount Skydance Corporation  
Cell: (910) 367-2167  
ben\_jensen@paramount.com

Dustin Catindig – Director  
Paramount Skydance Corporation  
Office: (323) 956-8331  
Cell: (818) 726-4613  
dustin\_catindig@paramount.com

Jena Lenzi – Director  
Paramount Skydance Corporation  
Cell: (778) 321-5362  
jena\_lenzi@paramount.com

Chris Velvin – Vice President  
Paramount Media Networks  
Cell: 424-280-9674  
chris.velvin@paramount.com



## OCCUPATIONAL HEALTH & SAFETY POLICY

The health and safety of all employees is of primary importance. Therefore, we are committed to maintaining the highest possible safety standards. To reinforce this commitment, management has implemented a safety program based on communication, participation, and education.

Safety is the work that each of us performs to protect ourselves and our fellow workers. An effective safety program requires total cooperation and participation from every employee. By taking a proactive approach toward accident prevention, we can maintain a safe and healthful work environment.

All cast, crew and contractors are required to work safely and to know, understand, and follow the policies and procedures in the Production Safety Guidebook which contain the Occupational Health & Safety Program ("OH&S Program").

Production: \_\_\_\_\_

\_\_\_\_\_  
Unit Production Manager Signature

\_\_\_\_\_  
Date

## OH&S Program Responsibilities

Responsibilities for health and safety rest with all employees, including management and employees. All employees have the personal responsibility for protecting their own health & safety and that of their fellow staff and crew members. Working safely is a condition of employment. Below you will find a summary of job responsibilities, and each Department Head will receive the ***Assigned Personnel Responsibilities***.

### PRODUCER

The Producer is responsible for ensuring the health and safety of workers, informing them of hazards, and correcting hazardous workplace conditions and practices. The primary means of accomplishing this is by ensuring that the individual production's Occupational Health & Safety (OH&S) Program is implemented, and personnel are performing their assigned duties under the OH&S Program.

### UNIT PRODUCTION MANAGER

The Unit Production Manager (UPM) is responsible for verifying that production is operating under safe and healthy conditions and carries out the policies and procedures as outlined in the OH&S Program.

It is strongly suggested that the UPM read the OH&S Program the UPM may delegate tasks to specific crew but retains primary responsibility.

Specific tasks include:

- Ensuring that the OH&S Program is available on all locations for all crew
- Distributing the General Safety Guidelines for Production to all crew and maintains the documents in a readily available location
- Keeping the Production Safety Representative and Physical Production Executive up to date regarding safety activities and concerns
- Ensuring that safety talks and meetings are held
- Ensuring that sets and locations are inspected for potential hazards and that potential hazards are eliminated or controlled in a timely manner
- Ensures that the Department Heads check that their crew members have proper certifications to operate assigned equipment and vehicles
- Ensures proper resources are made available to implement the OH&S Program in all areas of production including second units, construction locations, and all advance locations
- Ensuring that Personal Protective Equipment (PPE) is provided and used by workers where required
- Documents attendance at safety meetings, prepares notes for production reports and posts safety hotline numbers
- Establishes all accident report and investigation procedures; ensures all accidents are properly investigated and, if necessary, notifies all appropriate agencies: and
- Acts as a liaison with governmental agencies
- Ensuring that first aid and medical services are provided as required

## DIRECTOR

The Director needs to make the health and safety of the cast and crew a priority when planning and filming scenes and cooperate with the assistant directors in their health and safety responsibilities.

## DIRECTOR OF PHOTOGRAPHY

The Director of Photography must ensure the camera and lighting crew are properly trained, following safety procedures, and make safety a priority when placing cameras and lighting.

## FIRST ASSISTANT DIRECTOR (1st AD)

The 1st Assistant Director (1st AD) is delegated the responsibility of safety on the set and maintains the effective day to day implementation of the OH&S Program. The 1st AD will ensure that all known risks have been assessed and that all safety measures have been effectively communicated to the crew prior to shooting. The 1st AD will hold safety talks at crew call and whenever filming has moved to a new location or before any stunts, special effects, and in any circumstance that presents potential hazards. The 1st AD must be aware of potential hazards on the set, safe evacuation routes, and the location of medical assistance, and ensure that this information is conveyed to the crew.

## SECOND ASSISTANT DIRECTOR (2nd AD)

The 2nd AD supports the 1st AD in fulfilling the requirements of the OH&S Program, along with distributing and maintaining documentation of the safety meetings, distributing crew notices, accident reports and accurate production reports. The 2nd AD is also responsible for distributing the ***Health & Safety Guidelines for Background Performers***.

## CONSTRUCTION COORDINATOR

The Construction Coordinator is responsible for conveying safety requirements of the OH&S Program to construction crew during set preparation, production, and strike, to all crew members in all areas where construction is taking place (stage, warehouse, or on location), and provides training and supervision to ensure construction department heads/supervisors meet their safety program responsibilities. Conducts and documents a safety toolbox talk every 10 days, using the ***Safety Meeting Attendance Form***. Conducts written inspections for equipment (forklifts, aerial lifts, heavy equipment, table saws, and handheld power tools). The Construction Coordinator must also ensure that all locations have adequate first aid.

The Construction Coordinator must:

- Ensure that safe work practices are followed in all construction areas
- Ensure that appropriate first aid facilities are available
- Ensure that tools and equipment are in good condition, with safety guards in place.

## LOCATION MANAGER

The Location Manager is responsible for assessing and selecting safe locations and identifying hazards of a chosen location by completing the ***Location Hazard Assessment Checklist*** and communicating the information to the 1st AD, UPM, the Production Safety Representative, Construction and Transportation.

## STUNT COORDINATOR

The Stunt Coordinator must assess risks during the planning of each stunt and ensure rehearsals are conducted and specialty equipment is inspected. They must also ensure the safety of cast and crew before, during, and after stunt sequences. Refer to the ***Stunt Safety Inspection Checklist*** which provides basic safety guidelines.

## SPECIAL EFFECTS COORDINATOR

The Special Effects Coordinator must assess risks during the planning of each special effect and ensure specialty equipment is inspected. They must also ensure the safety of cast and crew before, during, and after special effects sequences. Refer to the ***Special Effects Safety Inspection Checklist*** which provides basic safety guidelines.

## TRANSPORTATION COORDINATOR

The Transportation Coordinator is responsible for conveying current safety requirements, supervises, trains, and ensures transportation department heads/supervisors meet their Production Safety Program responsibilities.

## KEY GRIP

The Key Grip is responsible for all activities related to the grip department's work on the set. They oversee the production's grip crews and the rigging crew, if one is assigned. They need to be familiar with rules and regulations regarding aerial platform, scaffolding, rigging, proper use of fall protection and ensuring their crew is properly harnessed and clipped in when required.

## GAFFER

The Gaffer is responsible for all activities related to the set lighting department's work on the set. They oversee the production's lighting crews to include the rigging crew, if one is assigned. They need to be familiar with the rules and regulations regarding aerial platforms, rigging, scaffolding, electrical codes and proper use of fall protection and ensuring their crew is properly harnessed and clipped in when required.

## DEPARTMENT HEADS / SUPERVISORS

Department Heads/Supervisors are responsible for training, performing inspections, and ensuring their crew is trained for the tasks, and working in compliance with safety rules and regulations. Department Heads are also required to provide information when completing the ***Employer's Report of Injury or Occupational Disease (Form 7)***, ***Employer Incident Investigation Report (EIIR)*** and related accident or incident documentation.

Department Heads responsibilities include, but are not limited to:

- Being familiar with the OH&S Program
- Effectively communicating and enforcing safety rules to their crew, including reporting injuries, accidents, or hazards without fear of reprisal.
- Ensuring their crew is trained for their work, operating tools in a safe manner, and that they receive necessary training before commencement of work
- Ensure that new employees have received safety awareness training whenever new processes, procedures, equipment or substances are introduced into the workplace, or there is a change of location

- Immediately retrain employees found unsatisfactorily in performance or knowledge
- Perform inspections of the work area to identify unsafe conditions and work practices, and taking appropriate action so that the above procedures are followed in all work areas

## PRODUCTION OFFICE COORDINATOR

The Production Office Coordinator assists the UPM in the administration of the OH&S Program and is responsible for:

- Maintaining the health and safety information related to the OH&S Program
- Coordinating the distribution of health and safety information to cast and crew, including required postings
- Ensuring **Form 7s and EIRs** are sent for review and submitted to WorkSafeBC.
- Sending the **Production Activity Notification Form** to the Production Safety Representative for review
- Assisting Production Safety with meetings, site visits, and crew member training rosters

## CAST & CREW MEMBERS

The Cast and Crew Members are responsible for:

- Understanding the policies, procedures and responsibilities outlined within the OH&S Program
- Following established Safe Work Procedures
- Using required personal protective equipment
- Reporting any unsafe conditions or hazards to an immediate supervisor
- Reporting all work-related injuries and illnesses to a supervisor

## PRODUCTION SAFETY REPRESENTATIVE

The Production Safety Representative acts as a resource to provide guidance and assistance, not to assume or replace the production company's role in safety management. The Production Safety Representative is responsible for the following:

- Assists with identifying risks, as well as proposing abatement or corrective actions
- Assist the production in implementing all policies and procedures outlined in the OH&S Program
- Assists the production in completing periodic safety inspections
- Assists the respective Department Heads/Supervisors in completing workplace incident inspections and hazard corrections
- Assists the production in maintaining records as is required by the OH&S Program, such as incident investigations, hazard correction, and training records, to ensure that the records have been executed, gathered, and filed

## EMPLOYEE COMPLIANCE

Any employee, regardless of position or title, who knowingly or negligently violates safety rules or practices, or engages in behavior that could result in property damage, personal injury, or injury to others, may be subject to disciplinary action, up to and including, termination of employment.

Potential disciplinary actions for violations of safe work practices will be determined on a case by case basis.

The **Employee Warning Report** is found in Forms & Checklists section of this program can be utilized to document warnings and should be forwarded to the Production Safety Representative.

It is the responsibility of everyone to make every effort to ensure a safe work environment for all involved.

## COMMUNICATION WITH EMPLOYEES

Matters concerning occupational safety and health will be communicated to employees by written documentation, meetings, formal and informal training and posting.

## SAFETY MEETINGS

Safety meetings are to be held during pre-production with appropriate production personnel. Documentation of these meetings must be submitted by the Production Safety Representative.

Safety meetings are mandatory when the crew has moved to a new location or if there are scenes involving stunts, special effects, aircraft, wild animals or other potentially hazardous conditions. Safety awareness meetings must be conducted for all new cast and crew members (including extras) as locations change and new potential hazards are introduced, and whenever new equipment and/or procedures are implemented. All on-set safety awareness meetings must be documented on the Daily Production Report.

Supervisors must hold safety meetings or attend the on-set safety meeting conducted by the 1st AD with their crew members, to review general safety issues and discuss any specific safety concerns as necessary. These meetings must be noted on the daily production report or on a **Safety Meeting Attendance Form** and filed with the POC.

## CALL SHEETS

Potentially hazardous situations must be clearly identified on the call sheet for the next day's shoot (explosions, helicopter use, fire, etc.) When necessary, a safety bulletin or other specific notification addressing the particular hazard should also be attached to the call sheet. Any stunt or special effect shot must be preceded by a meeting of all personnel on the set in addition to a walk-thru rehearsal. Call sheets must include the following statements on the front:

- ***"Safety meeting to be conducted by the 1st AD on the first day of a new location, or whenever stunts, SPFX, or unusual activity is scheduled."***
- ***"Questions or concerns regarding safety? Contact your Department Head/ Supervisor, 1st AD, UPM, Production Safety Representative, or call the PRODUCTION SAFETY HOTLINE (323) 956-SAFE (7233). This call can be made anonymously."***
- **The name and phone number(s) of the Production Safety Representative(s) must be included on the call sheet.**

## CALL SHEET SAFETY COMMUNICATION

The call sheet should be used as a safety communication tool to advise cast and crew when potentially unsafe conditions may be present. Information provided should be clearly communicated. The call sheet must include the following information:

Production Company Address Phone Fax Email  Exec. Producer:  Producer:  Director:		<h1 style="margin: 0;">A Movie</h1> <h2 style="margin: 0;">Call Sheet</h2> <p style="margin: 0;">GENERAL CREW CALL</p> <h1 style="margin: 0;">6:00 AM</h1>		<b>Monday, August 11, 2014</b> <b>DAY 15 of 85</b>  Courtesy Breakfast 5:30A Shooting Call 7:00A Lunch 12:00P  Script Color White Schedule Color White					
		<b>NEAREST HOSPITAL</b> Medical Center Address Address		<b>CREW PARKING</b> Parking Address Address					
		<b>BASECAMP</b> Parking Address Address		<b>WEATHER</b> Sunny and Hot  High 88° Sunrise 5:43A Sunset 7:32P Low 75° Rain 0% Wind SW 5mph					
Safety meetings to be held by the 1st AD on the first day of new location, or whenever stunts, SPFX, or unusual activity is scheduled.									
SCENES	PAGES	SET & DESCRIPTION	D/N	CAST	NOTES				
M1	1/8	Aerial work- Establishing shot of boats in rough seas.	D	100, 101, 103, X, XX	A Helicopter will be flown in close proximity to the crew. Anyone having questions, concerns or objections, please notify the 1st AD or UPM.  Safety Bulletins for today's activity are posted in the production trailer and will be made available to each crew member.				
M2	1/8	Animals roaming free	D	100					
1	1 5/8	Gimbal work	D	101, 102					
25	1 1/8	Car weaves down highway Establish drives out of control	D	1,3,4,5,6					
TOTAL PAGES 3									
ID	CHARACTER	CAST	STATUS	PICKUP	CALL	BLK/REH	SET	LOSE @	SPECIAL INSTRUCTIONS
100	Person	Stunt Double	W	O/T	6:00A	7:00A	7:30A		RPT to 2nd AD
101	Person	Stunt Double	W	O/T	7:00A	7:00A	7:30A		RPT to 2nd AD
QTY STAND-INS		CALL	SPECIAL INSTRUCTIONS BY DEPARTMENT						
1 Person Stand-In		7:00A	<b>STUNTS</b>  <b>MU/HAIR</b>  <b>COSTUME</b> PIC VEH Sc 1: Pickup Truck, Sc 25: Pickup Truck. ADDL Notice Sc 25: Process Trailer.						
1 Person Stand-In		7:00A							
1 Person Stand-In		7:00A							
QTY BACKGROUND		CALL							
15 Pedestrian		8:00A							
18 TOTAL STAND-INS / BACKGROUND									
ADVANCE SCHEDULE		SET & DESCRIPTION	D/N	CAST	NOTES	LOCATIONS			
Tuesday, August 12, 2014 DAY 2									
16A	1 6/8	INT. ELECTRONICS STORE	D	1,22,23					
35	1/8	INT. ELECTRONICS STORE	D	1,33					
678 p11/2	1/8	INT. ELECTRONICS STORE	N	33	Part of Sc 67 Showcase Montage				
Wednesday, August 13, 2014 DAY 3									
Questions or concerns regarding safety? Contact your Department Head/ Supervisor, 1st AD, UPM, Production Safety Representative, or call the PRODUCTION SAFETY HOTLINE (323) 956-SAFE (7233). This call can be made anonymously.									
Second Asst Director:		First Asst Director:		Line Producer / 1st AD:					

Safety meeting note goes here

Special Activity and Safety Bulletin notes go here.

Safety Hotline information note goes here.

## PRODUCTION SAFETY GUIDELINES

The Production Safety Guidelines will be distributed to all crew. A signed acknowledgement must be returned to the Production prior to the commencement of work. The Guidelines can be found in the Forms & Checklists section.

## REPORTING SAFETY CONCERNS

Employees are encouraged to report suspected unsafe or unhealthy conditions by using the **Hazard Notification Form** located in the Forms & Checklists section, or by calling the **Production Safety Hotline (323)956-SAFE (7233)**. This call can be made anonymously, 24 hours a day.

## NO RETALIATION

Employees must be able to express their safety concerns without fear of reprisal. If at any time crew members raise a concern about safety, a corrective action, if warranted, must be taken by the supervisor promptly if it is not an emergency. There will be no retaliation against any employee for reporting unsafe conditions or potential hazards, or for making suggestions related to safety.

## BULLYING, VIOLENCE & HARASSMENT

Please note that bullying, violence and harassment is neither acceptable nor tolerated in the workplace. Employees must not engage in bullying, violence or harassment of other employees, supervisors, customers, vendors, or visitors. Bullying and harassment includes any inappropriate conduct or comment that the person knew or reasonably ought to have known would cause humiliation or intimidation, but excludes any reasonable action taken by the Company or a supervisor relating to the management and direction of employees or the place of employment. Examples of conduct or comments that might constitute bullying and are prohibited by this Policy include but are not limited to unsolicited contact with employees during or after work hours, peer pressuring that might lead to unsafe acts, verbal aggression or insults, calling someone derogatory names, harmful hazing or initiation practices, vandalizing personal belongings, and spreading malicious rumors.

Violations should be reported regardless of the offender's identity or position with the Company. If you would rather not involve your supervisor, Department Head, Producer or Production Executive, then you should contact the Industrial Relations Department directly. The contacts in Industrial Relations are:

**Steven Loi (323) 956-8153**

**Monica Jain (323) 956-5608**

**Marnie Phillips (323) 956-5609**

Any reported allegations of harassment, discrimination, retaliation or bullying will be investigated by the Company in a prompt, thorough and impartial manner. A copy of the full Workplace Violence and Harassment Program can be obtained by **Contacting Production Safety @ (323) 956-SAFE (7233)**, or one of the names above.

## INCLEMENT WEATHER PROGRAM

Production has an **Inclement Weather Program** that will be in effect when there is a potential for thunderstorms, lightning, flash-floods, extreme winds, hail, tornados, hurricane and extreme heat or cold temperatures. When the inclement weather program is engaged, specific instructions will be provided. Additionally, guidelines for working in cold conditions can be found in the Forms & Checklists section.



## NOTICE OF PROJECT

The Occupational Health and Safety Regulations require that productions notify WorkSafeBC in writing about the undertaking of certain projects. The Notice of Project form allows you to notify WorkSafeBC that your project is to take place during a specified period.

### REQUIREMENTS

The Notice of Project (NOP) must be completed at least 24 hours before starting a construction project if ONE or more of the below conditions apply:

1. The total cost of labour and materials for the work exceeds \$100,000.
2. All or part of the permanent or temporary works, except pre-engineered or premanufactured building and structural components, are required to be designed by a professional engineer.
3. Any activity that involves the removal, encapsulation or enclosure of friable asbestos building materials or the demolition, dismantling or repair of any building or structure or parts thereof, in which insulating materials containing asbestos have been used, or in which asbestos products have been manufactured.
4. Any abatement project or other activity involving significant disturbance of lead-containing coatings on buildings or structures, or similar activities which may expose workers to a significant risk of occupational disease.
5. Any new construction project that is a new erection, major alteration, structural repair or demolition of a building of more than 2 stories high or more than 6m (20 ft) in height.
6. Any construction work on a bridge, an earth or water retaining structure more than 3m in height, or a silo, chimney or similar structure more than 6m in height.
7. When any workers are working in a compressed air atmosphere or in a caisson, tunnel, underground working, or cofferdam.
8. The project includes a trench more than 1.2m in depth and over 30m in length or includes another type of excavation more than 1.2m in depth which a worker may be required to enter.

### ADDITIONAL INFORMATION

The application for the NOP must be completed on the WorkSafeBC website as soon as possible. Multiple NOP's may be necessary when multiple locations are being used. It is possible to list multiple locations on the Notice of Project form, but a new form must be submitted for locations that are not noted on the original form.

A copy of the NOP must be posted at the worksite before work commences. If it is necessary to do immediate work in order to prevent injury to workers or damage to property, work on the project may commence immediately, and the nearest WorkSafeBC office must be provided with an NOP at the earliest possible time.

The NOP form can be found here:

<https://prevnop.online.worksafebc.com/general-information>

## **JOINT HEALTH & SAFETY COMMITTEE**

The Joint Health & Safety Committee (JHSC) is structured to meet the requirements of the Occupational Health and Safety Act. As outlined in this program, the JHSC is an advisory body that is expected to increase the awareness of health and safety.

For productions with more than 20 employees, the JHSC will consist of at least four (4) members, where two members will be non-management. A typical committee would consist of the Producer and 1st Assistant Director representing management, and the Construction Coordinator and Key Grip representing non-management or labor. Other crew should be considered as they start work.

Members should represent each department as appropriate. Guest members can be invited when specific safety issues related to their work are discussed. The JHSC must select a chair and a co-chair: a co-chair representing the employer and a co-chair representing the workers. The Production Manager and Construction Coordinator would be typical co-chairs. The JHSC Role and Duties are outlined as follows:

### **ROLE OF THE JOINT HEALTH & SAFETY COMMITTEE**

- To assist in implementing the OH&S Program.
- To hear concerns or complaints related to health and safety issues, including refusal of work, and make recommendations to the Production Manager.
- To initiate and participate in workplace inspections and make recommendations to the Production Manager.
- To review incident reports and conduct incident investigations, as described in the OH&S Program, and make recommendations to the Production Manager.
- To assess training and personal protective equipment programs and makes recommendations for improvement.

### **DUTIES OF THE JOINT HEALTH & SAFETY COMMITTEE**

1. Conduct monthly meetings on a schedule established by the Committee.
2. Maintain and keep minutes of meetings and make them available for review by all employees and WorkSafeBC Officers if requested.
3. Investigate accidents and incidents.
4. Maintain current postings throughout the workplace of Committee member names and meeting agendas.

### **TYPICAL MEETING AGENDA**

Meetings must be held monthly or more frequently, if necessary. For short productions (e.g. 4 weeks or less), at least one JHSC meeting shall be held. A standard agenda is followed and minutes are documented. The agenda consists of:

1. Call to order.
2. Recording of attendance.
3. Review of minutes of previous meeting.

4. Business arising from the minutes with actions.
5. New business with actions.
6. Date and place of next meeting.
7. Adjournment.

All decisions are made by consensus. Special meetings can be called by the Chairperson to address specific issues. In this case, the agenda is specific to the issue. At least one management and non-management committee member must be present to convene and minutes are recorded and circulated.

A copy of the JHSC Minutes must be completed for each JHSC meeting.

Minutes are copied to all the JHSC members, Production Safety and all Department Heads. They will also be posted in the production office and placed in the Production's safety file maintained by the Production Office Coordinator.

The committee's main role and duties are:

- Ensuring workplace health and safety inspections are being completed;
- Assisting and reviewing accident and incident investigations;
- Assisting in the investigation of complaints or refusal to work when required;
- Promoting a safe and healthy workplace;
- Monitoring workplace hazards on a regular basis; and,
- Reviewing the script and location safety concerns when providing a safety orientation for Department Heads;
- Ensuring the appropriate level of 1st Aid is available on each worksite.

**Suggested topics for discussion:**

- |   |  |
|---|--|
| • Departmental safety meetings  | • Fire lanes and pedestrian access       |
| • New worker orientation  | • Working over height requirements       |
| • First aid regulations including the location of the first aid room and how to contact the first aid attendant | • Safety rails on work trucks            |
| • Posting the appropriate safety bulletins, emergency plans with the name of the safety representative          | • Air quality on stages and mill         |
| • Reminding crew of the Anonymous Safety Hotline to report concerns   | • Propane heater and tent safety meeting |
|   | • Smoking areas                          |
|   | • Appropriate footwear on set            |

## JOINT HEALTH & SAFETY COMMITTEE MINUTES

Date:	Start Time:	Adjourned:
Attendance: (Names of attendees and guests)		
Worker Co-chair:		Employer Co-chair:
Review of Previous Meeting Minutes:		
New Business:		
Other Business:		
Date of Next Meeting:		Distribution of Minutes: JHSC Members, All Department Heads, Notice Board, Production Office, Production Safety
Co-chair Signatures:		

## JOINT HEALTH & SAFETY COMMITTEE

A Joint Health & Safety Committee (JHSC) is a committee made up of employee and employer representatives working together to identify and resolve health and safety issues in the workplace. The Committee is responsible for identifying and recommending solutions to health and safety concerns and problems. The Committee will meet monthly to discuss health and safety issues related to Production.

Individual employees should bring up any safety concerns to their immediate Supervisor or employer. However, if the problem is not corrected, a JHSC member should be contacted. The following people are the members of your health and safety committee for this production:

### EMPLOYEE REPRESENTATIVES:

_____	_____
_____	_____

### MANAGEMENT REPRESENTATIVES:

_____	_____
_____	_____

EMPLOYEE Co-CHAIR PERSON: \_\_\_\_\_

EMPLOYER CO-CHAIR PERSON: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

**PLEASE POST THIS LIST OF MEMBERS IN YOUR WORK AREA.**

## YOUNG AND NEW WORKER ORIENTATION

All productions must ensure that a young or new worker is given a health and safety orientation and training specific to his/her workplace before beginning work.

### DEFINITIONS

New Worker: A worker who is either new to the workplace, returning to a workplace where the hazards in that workplace have changed during the worker's absence, affected by a change in the hazards of a workplace or relocated to a new workplace if the hazards in that workplace are different from the hazards in the worker's previous workplace.

Young Worker: Any worker who is under 25 years of age.

### ORIENTATION REQUIREMENTS

The Production Manager is responsible for ensuring that young and new worker orientations are provided to every employee at every facility and location. Every employee is considered to be a "new worker" at every new location.

Orientations may be provided to employees on location by the 1st AD during a safety meeting or by individual department heads. Employee orientations must be documented by name.

### ORIENTATION CONTENT

Specific information must be included in the young and new worker orientations. A sample checklist has been provided in this guidebook to assist with documentation requirements:

General Orientation (This information only needs to be provided to every employee one time during production. More details on required information can be found on the WorkSafeBC website):

- Employer's rights and responsibilities under the Workers Compensation Act.
- Worker's rights and responsibilities under the Workers Compensation Act.
- Right to refuse unsafe work.

#### To Be Reviewed at Each New Location:

- Workplace health and safety rules.
- How to report unsafe work conditions.
- Emergency procedures.
- Location of first aid facilities and how to get first aid.
- How to report injuries and illness.
- Location of fire exits and fire extinguishers.
- Name and contact information for worker's supervisor.
- Potential workplace hazards.

#### To Be Reviewed if Applicable:

- Specific instruction and demonstration of worker's work task/process.
- Workplace Hazardous Materials Information System (WHMIS) and location of Safety Data Sheets (SDS).
- Working alone procedure.
- Violence in the workplace (i.e., risks of robbery, assault, confrontation etc.)
- PPE.

## YOUNG & NEW WORKER ORIENTATION CHECKLIST

The topics in this checklist must be covered with every employee at each location. Once complete, it must be submitted to the Production Office and the Production Safety Department.

Worker's Name \_\_\_\_\_ Date of Orientation \_\_\_\_\_

Department \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Location \_\_\_\_\_ Orientation Given By \_\_\_\_\_

- ☐ I have received Employer's/Worker's rights and responsibilities and Refusal of Unsafe Work summaries.
- ☐ I have received Workplace Health and Safety rules and the Code of Safe Practices.
- ☐ I have been informed of emergency procedures for my workplace.
- ☐ I am aware of the location of fire exits and fire extinguishers at this location.
- ☐ I will report unsafe work conditions to my supervisor, a safety committee member, AD or the Production Manager.
- ☐ I am aware that there is a safety hotline that may be used anonymously.
- ☐ I have been made aware of obvious or potential workplace hazards.
- ☐ I am aware of the location of first aid facilities and/or set medical personnel.
- ☐ I am aware of how to report injury or illness.
- ☐ I have the name of and contact information for my immediate supervisor.
- ☐ I am aware of WHMIS/SDS guidelines.
- ☐ I am aware of the required PPE necessary to perform my job safely.
- ☐ I am aware of **Working Alone Procedures** (if applicable).
- ☐ I am aware of "risk of violence" procedures.
- ☐ I am aware of the ability to report hazards to my supervisor.
- ☐ I am aware that the tasks that I have been assigned have been demonstrated.
- ☐ I am aware of who the members of the Joint Health and Safety Committee.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## WORKING ALONE

### WORKING ALONE OVERVIEW

It is the policy of the production to minimize those activities that require an employee to work alone. Any job in which a worker is required to work alone should be examined for risk factors to determine the degree of exposure involved. Factors to be taken into consideration include: the nature of the work environment, the attributes of the workers involved, and any history of incidents in similar locations and situations.

While the widespread use of cellular phones has made communication easier, working alone can still be made safer through the use of risk assessment and a communications strategy.

### COMMUNICATION

*“What could go wrong and what would we do if it did?”*

An effective communication strategy answers that question and is appropriate to the site, situation and personnel involved.

#### ***As an employer you should:***

1. Provide information on high-risk geographical areas to all staff
2. Limit the time of day visits can be made to high risk areas
3. Have a written check-in procedure in place
4. Allow the use of a “buddy system” in high-risk situations and inform employees that this option is available
5. Provide appropriate first aid equipment and emergency supplies or first aid personnel

#### ***As an employee you should:***

1. Prepare a daily work plan so that you and others know where you are expected to be and when.
2. Designate a contact person at the office, plus a back-up person.
3. Define under what circumstances you will check in and how often.
4. Keep your designated contact informed of your location, and stick to your call-in schedule.
5. Call and check in when you first arrive and as you leave any location.
6. Have your designated contact call you periodically to ensure that you are okay.
7. Choose action or code words to be used to confirm that you need help, including a code word for a false alarm.
8. Develop procedures to be followed if you do not check in as planned.

*See Checklist on next page*



<b>WORKING ALONE- Risk Assessment</b>	<b>Yes</b>	<b>No</b>
Has a thorough assessment of the risks inherent in the location or environment been done?		
Was the assessment completed with input from affected workers?		
Is there a history of incidents in similar locations or situations?		
Have the workers been informed of these incidents?		
Has a safe work procedure been designed for the location and any potential situations that may arise?		
Is necessary equipment in good working order prior to use on this site?		
Has the most appropriate check-in procedure been designed and implemented?		
Has the most appropriate procedure for traveling alone and rest periods been developed?		
Are workers aware of the increased risk from working alone?		
If the work involves remote locations, do they carry first aid equipment and emergency supplies?		
Is there an effective means of communication for workers to contact persons capable of quick response when immediate assistance is needed?		
Are workers trained in non-violent responses to threatening situations?		
Have workers been instructed to follow the employer's safe work procedures in conflict situations?		
Is there an appropriate procedure in place for tracking overdue workers?		
<b>Communication Strategy</b>		
Are emergency phone numbers readily accessible to workers?		
Does the communication method involve one or more of the following:		
- Land telephone line, cellular phone, or radio contact with designated person?		
- Personal alarm system?		
- Scheduled check-in points or times with other employees?		
Is there a procedure for reporting and investigating incidents?		
Is there a procedure for a review of the actions and/or incidents and evaluation of their effectiveness?		

## INJURY, ILLNESS & INCIDENT REPORTING

### WORK-RELATED INJURIES

Every employee has the obligation to report all work-related incidents, which include any accident, injury, illness, or near-miss, immediately, no matter how minor the incident may seem. If their treatment beyond normal first aid is needed, call 9-1-1, or the equivalent emergency response number.

All injuries and illnesses must be reported to the employee's supervisor and to the First Aid Attendant. All injuries and illnesses are also documented on The **Form 7** that must be completed within 3 calendar days of a work-related injury or onset of occupational illness. This report must be received at a WorkSafeBC office within 7 working days after you were informed of an injury/illness. The completed form is also distributed to Industrial Relations, Production Safety, and Risk Management.

If the injured employee received treatment from a health care provider, the supervisor must obtain a medical release form from the injured employee before allowing the employee to return to work. If the health care provider stipulates any work restrictions or work conditions that must be adhered to before the employee resumes his/ her full duties, contact Industrial Relations immediately. Industrial Relations must approve the employee's return to work.

For injuries or illnesses that are non-life threatening, where the employee is treated by the First Aid Attendant, or for incidents with a potential to cause serious injury (near miss), the Department Head or Supervisor must conduct a preliminary investigation immediately following the report of injury or incident and complete the **Supervisor Incident Investigation Report**. The preliminary investigation is to identify and correct any unsafe conditions, acts or procedures that significantly contributed to the incident, injury or illness.

### Roles and Responsibilities

ROLE	RESPONSIBILITIES
First Aid Attendant	Complete <b>Form 7</b> Notify UPM Complete a Refusal of First Aid if the employee refuses to be treated at the scene of the incident or transported to the hospital
Department Head or Supervisor	Complete the <b>Supervisor Incident Investigation Report</b> Provide form to UPM Implement corrective actions or contact production safety for further assistance
UPM	Notify Industrial Relations, Production Safety, and Risk Management Provide both the <b>Form 7</b> and <b>Supervisor Incident Investigation Report</b> to Industrial Relations, Production Safety, and Risk Management

For accidents that involve an employee being transported to a hospital or clinic or treatment that requires other than first aid, serious bodily injury, fatalities, or any serious property/assessment damage, the Department Head/Supervisor must report the injury to the Production Manager immediately, who must notify Production Safety and the Physical Production Executive immediately. (Production Safety will notify WorkSafeBC).

Examples of serious injuries are listed below, but are not limited to:

- Places a life in jeopardy
- Produces unconsciousness
- Results in a substantial loss of blood
- Involves the fracture of a leg or arm
- Involves the amputation of a leg, arm, hand or foot
- Consists of burns to a major portion of the body
- Causes the loss of sight in an eye.

The Workers' Compensation Act also requires immediate notification to WorkSafeBC of any accident that:

- Resulted in a serious injury or death of a worker
- Involved a major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system or excavation
- Involved the major release of a hazardous substance
- Involved blasting, an explosion, or a diving operation, as well as others mentioned in the WorkSafeBC Regulation.

In the event of a fatality or serious injury, no person shall disturb, destroy, alter or carry away any wreckage, article or thing from the accident scene until WorkSafeBC officer grants permission. Personnel on site should immediately cordon off the accident site and inform the appropriate authorities.

## INCIDENTS

Incidents should also be reported to the UPM, even if the incident occurs to a third party on site, but did not involve a cast or crew member. An incident is defined as an undesired or unwanted loss including:

- Personal injury
- Property damage
- Environmental spills
- Vehicle accidents
- Thefts/break-ins
- Incidents of Workplace Violence.
- Near miss (an event that could have caused an accident due to unsafe conditions)

Following an incident or near miss involving a crew member or subcontractor, the crew member at the scene of the incident must notify their Supervisor as soon as possible, then complete and submit an incident report within 24 hours to the UPM. Witnesses to the incident will need to be interviewed to provide additional information.

## INJURY INVESTIGATION REQUIREMENTS

The UPM, the employee's Department Head/Supervisor and/or a JHSC representative must immediately begin a preliminary investigation of any and all injuries that require medical treatment. During the investigation, any unsafe conditions, acts or procedures that contributed to the injury must be identified. Management must then determine corrective action to be taken. Any actions necessary to prevent a recurrence will be identified and implemented without delay. A report of the preliminary investigation will be completed within **48 hours** of the occurrence of the injury.

A full investigation must be conducted in order to identify probable cause(s) and any unsafe conditions related to the incident and to identify any further corrective actions required. The production will take the necessary corrective actions and send a full report of findings to WorkSafeBC within **30 days** of the incident. A report of corrective actions will also be provided to the JHSC. All reports have to be sent to the JHSC and signed by the co-chairs.

**The Employer Injury Investigation Report (EIIR) is located in the Forms & Checklists section. The link below should be used to confirm that you are using the most up to date version.**

For the EIIR/52e40, click [HERE](#)

For the Form 7, click [HERE](#)

## WHEN AN ACCIDENT OCCURS

1. Call an ambulance, if required.
2. Make the incident scene safe if able to do so without risking your own safety. Do not disturb scene if it is a fatality or critical injury.
3. If you are trained in first aid, administer treatment to the injured person or call the first aid attendant if he or she is close by.
4. Contact your Supervisor or Manager with details of the accident.
5. Survey the scene of the accident noting the position and condition of equipment and tools, presence of personal protective equipment, posted warnings if any, spilled chemicals, and environmental conditions (lighting, heat, floor surface conditions, etc.);
6. Take photographs or otherwise document the accident site, if possible.
7. Obtain the following information from others involved:
  - a. Names of injured and witnesses and addresses and phone numbers
  - b. Driver's name and address and insurance company, if applicable
  - c. License plate numbers, if applicable
8. Start the preliminary investigation and ensure it has been completed within 48 hours. The Department Head/Supervisor must include corrective actions on the EIIR Form.
9. Interview the injured person and any witnesses. Interviews should be conducted one on one and should attempt to identify the accident cause(s), not fault, by asking open-ended questions such as who, what, when, where, how, and why.
10. Do not make any statements to outside parties without instruction from the Production Executive.
11. Notify WorkSafeBC, if required.

The Department Head/Supervisor, upon investigation of the facts, shall complete the ***Supervisor Incident Investigation Report*** for all reported on-the-job accidents, injuries, illnesses, and near misses, as well as listing any corrective actions or recommended actions identified.

## POST-INCIDENT INVESTIGATION PROCEDURES

- Production Safety will review completed ***Supervisor Incident Investigation Reports***
- Production Safety will confirm with the 1st AD or other delegate that assigned corrective actions have been completed

## FATALITIES OR SERIOUS BODILY INJURIES

For incidents that involve fatalities or serious bodily injury, the Department Head or Supervisor must immediately report the injury to Production Management, who must notify Production Safety and the WorkSafeBC Prevention Emergency Line immediately. The WorkSafeBC contact information is summarized below. The designated Production Safety Representative will make all calls to WorkSafeBC.

### WorkSafeBC Emergency Line

(604) 276-3301

(within the lower mainland)

(888) 621-7233

(toll free)

Studio Contact information is summarized below:

Contact	Position	Office Number	Cell Number	Email Address
Allison Dillard	Senior Vice President		(323) 273-6524	allison.dillard@paramount.com
Ben Jensen	Executive Director		(910) 367-2167	ben_jensen@paramount.com
Dan Harder	Director	(323) 956-8023	(818) 486-9926	dan_harder@paramount.com
Dustin Catindig	Director	(323) 956-8331	(818) 726-4613	dustin_catindig@paramount.com
Kerry Ann Jaggassar	Director	(323) 956-8095	(323) 816-7668	kerryann_jaggassar@paramount.com
Jena Lenzi	Director		(778) 321-5362	jena_lenzi@paramount.com
Brandon Demchak	Manager		(805) 266-8037	brandon.demchak@paramount.com
Chris Velvin	Vice President		(424) 280-9674	chris.velvin@paramount.com

In addition to fatalities or serious injuries, WorkSafeBC and Production Safety must also be notified of the occurrence of:

1. Any blasting accident that results in injury or an unusual event involving explosives.
2. A diving accident that causes injury or decompression sickness requiring treatment.
3. A leak or release of a dangerous substance.
4. A major structural failure or collapse of a structure, piece of equipment, construction support system, or excavation.

## FIRST AID & EMERGENCY PROCEDURES

The Department Head or Supervisor will ensure first aid requirements are met for their location and area. If crew members are sent to remote sites to perform work duties, the Supervisor or Department Head will ensure appropriate first aid supplies and first aid services are available.

### FIRST AID REQUIREMENTS

Depending on the number of cast and crew at a location and the nature of the work to be conducted at the site, the first aid requirements will be different for each location. To determine an adequate and appropriate level of first aid coverage, a first aid is required. The assessment will help you determine the minimum level of first aid you need at your workplace. Please refer to the [Worksafe BC's first aid requirements and regulations](#).

Each production location must have an Emergency Response Procedure. As every location is different, additional emergency preparedness procedures may be required (e.g. under certain lease agreements).

### MINIMUM REQUIREMENTS FOR EMERGENCY RESPONSE & PREPAREDNESS

#### Emergency Action Plan & Fire Prevention Plan

The following section is to be used as a guide and outlines minimum requirements for Emergency Procedures and Preparedness. The Production Manager and Location Manager should ensure that each location is prepared for emergencies. Each location can supplement these requirements with additional specific procedures as required. An **Emergency Action Plan (EAP)** and a **Fire Prevention Plan (FPP)** must be completed for each location. The following checklist items should be prepared in advance of working in any studio or other film location:

- Emergency Evacuation Route Maps (*See the EAP/FPP in the Forms & Checklists section*)
- Designation of Marshaling Areas (or Safe Refuge Areas)
- Designation of an Emergency Response Coordinator, First Aid Attendants, and Marshaling Captains
- Locations and Inventories of Fire Response Equipment (e.g. pull stations, extinguishers)
- Locations and Inventories of First Aid and other Emergency Response Equipment/Supplies
- Provision of Fire and Emergency Drills
- Emergency Contact Lists and Numbers, including fire, police, ambulance, hospital (please fill out **Emergency Procedures** form)
- Names and phone numbers of individuals who should be contacted in case of personal injury

**The Emergency Action Plan and Fire Prevention Plan must be provided with the call sheets.**

## RISK ASSESSMENTS

A Risk Assessment is a careful examination of what could cause harm to you and/or your personnel, so that you can decide whether you have taken enough precautions or should do more to prevent harm. All workers on a production have a right to be protected from harm caused by failure to take reasonable control measures.

A written Risk Assessment is to be completed by personnel who are familiar with the particular work to be conducted at a prospective location. The purpose of the risk assessment is to identify potential site safety hazards prior to production activities being undertaken. This way, the hazards can be eliminated or effectively controlled before production personnel arrive on site. (***Risk Assessment Templates*** are available in the Forms & Checklists Section).

### GUIDELINES ON HOW TO COMPLETE A RISK ASSESSMENT

Assigned production personnel will complete a Risk Assessment using the best of their knowledge and experience to identify current or potential hazards as early as possible so that the risk of injury and/or illness can be minimized and specific safety precautions can be taken. The following steps will assist with assessing the risks in your workplace:

#### Identify the Hazards

Determine conditions in the workplace that could potentially be harmful to production personnel.

#### Decide Who Might Be Harmed & How

For each hazard, be clear about who might be harmed in order to determine the best way to eliminate or control the risk. Identify departments or groups of people who may be harmed by risks that were identified. Remember that some workers have particular requirements (new and young workers, new or expectant mothers, people with disabilities etc.). Ensure that you include third-party contractors, members of the public, or outside personnel in which you share your workplace who may be affected by hazards created by Production.

#### Evaluate the Risks & Decide on Precautions

Once hazards have been identified, you will have to decide what to do about them. A production must do everything “reasonably practicable” to protect people from harm. For assistance in determining whether a precaution or remedy is in “good practice,” you may consult your Production Safety Representative. Determine whether a hazard can be altogether removed or whether a control is required. When controlling risk, consider whether there is an option that removes significantly more risk than other options. Other ways of controlling hazards are to prevent access to the hazard; organize work to reduce exposure to the hazard; issue personal protective equipment (PPE); or provide welfare facilities.

#### Record Your Findings & Implement Them

When writing down results, keep them simple. The risk assessment does not have to be perfect but must be suitable and sufficient. You must be able to show that: a proper check was made; you determined who may be affected; you dealt with all the significant hazards, taking into account the number of people who could be involved; the precautions were reasonable and the remaining risk was low; and you involved your personnel in the process.



### **Review the Risk Assessment & Update It When Necessary**

Productions rarely stay the same. Ultimately you will bring in new equipment, substances and procedures that could lead to new hazards. You also may be moving to numerous new locations. Assess every new location and review sound stages regularly. Production offices may only need to be reviewed one time over the duration of the production.

## LOCATION HAZARD ASSESSMENT

In addition to required risk assessments, a Location Hazard Assessment must be conducted for each location by Locations Department personnel who are familiar with the particular work to be conducted at a prospective location. The purpose of the location hazard assessment is to identify potential site safety hazards prior to production activities being undertaken. This way, the hazards can be eliminated or effectively controlled before production personnel arrive on site.

See the ***Location Hazard Assessment*** in the Forms & Checklists section.

A visual assessment of the location will be completed by Locations Department personnel, utilizing the location hazard assessment checklist and their knowledge and experience. External consultants can also be used to complete walkthrough surveys for hazardous materials such as asbestos and lead. Locations Department personnel should also interview the location owners/managers and other persons who may be knowledgeable with the details or history of the location.

All completed hazard assessments should be posted at the workplace to inform crew of the potential site hazards. Copies must also be retained by the Production Office Coordinator and provided to Production Safety Representatives.

### GUIDELINES ON HOW TO COMPLETE THE LOCATION HAZARD CHECKLIST

Locations Department personnel will complete the checklist using the best of their knowledge and experience. The purpose of the checklist is to identify potential hazards prior to production so that the risk of injury and/or illness can be minimized and specific safety precautions can be taken.

#### General Items

Owners and Managers of prospective locations should be informed about what type of work activities will be conducted. Ask the owners/managers of the location about any previous hazard assessments associated with the location. Obtain a copy for your file. Obtain other pertinent information such as engineering reports, floor plans, weight loads and structural issues. If you are renting space from an operational facility, ask for the emergency procedures in place for that location. Note any other potential hazards about the location, i.e., water hazards, extreme temperatures, heights, etc.

#### Hazardous Materials

On your site visit, note any obvious hazardous materials being used or stored on location. Note any potentially hazardous materials such as asbestos and lead containing material, PCBs (old transformers, lights ballasts), visible mold growth, hypodermic needles, animal waste, etc. If these hazards are identified, explain how these materials will be dealt with (i.e., clean up, isolate area, etc.)

Generally, buildings constructed prior to 1981 often have building materials that contain asbestos and/or lead. Asbestos and lead are hazardous when they are disturbed, i.e., sanded, grinded, or by demolition activities.

#### Access & Egress

Exits must be clearly marked, lit and unobstructed. Fire hazard exit doors must open outward.

#### Fall Protection & Confined Space

Check if the location has adequate fall protection systems. Note whether the elevated work areas

and staircases have guardrails and handrails. If the location has confined spaces that will be used during production, any necessary requirements such as additional ventilation must be documented.

### **Electrical**

Most often, abandoned buildings will not have electrical services. However, the entire electrical infrastructure may still be in place. There may be the potential for live electrical hazards (exposed wiring, electrical boxes, etc.) at the location. Note the location of power lines in the area.

### **Fire Systems**

Make sure that there are enough fire extinguishers and other fire safety equipment available and they are in good condition. On site visits, note the locations and numbers of fire extinguishers and the general fire system (if one is present). All fire hydrants and fire department connections should be clear of obstructions. To assist the crew in maintaining the 4-ft fire lane around the stage set, it is suggested that a perimeter line be painted. All sets with a solid ceiling larger than 600 square feet must be protected by a heat rise system that is connected to a 24-hour monitoring station.

### **Water & Washroom Facilities / Food & Catering Services**

Make sure that there will be clean water and washroom facilities provided for cleaning purposes for various Departments that require them, such as Paint and Construction. In addition, a clean area free of potential contamination from work activities should be available for food and catering services.

### **Security**

During the site visit, look for any obvious security issues, such as the need for security escorts, lighting, working alone procedures, etc.

### **First Aid Requirements**

Depending on the number of workers per shift and the type of activities that will be taking place on location, the first aid requirements may change. (See Section 7.0 on First Aid & Emergency Procedures for the requirements for specific locations.)

### **Traffic Control**

Note any traffic issues that will need to be addressed for that location. WorkSafeBC requires that all traffic control persons (TCPs) be trained in the standards in the latest edition of the Traffic Control Manual for Work on Roadways (the Traffic Control Manual). Keep in mind that the public must also be safe from production activities that may be a hazard to them. Some examples of the traffic considerations are: need for traffic control personnel or equipment, any permits required from the City, police assistance, etc.

### **Safety Notices**

Depending on the proposed work and activities that will be taking place on location, safety notices, Industry Wide Bulletins and safe work practices for specific activities (such as stunts or special effects) may be attached to the call sheet, or distributed by email, but they must be made available prior to the activity.

## WORKPLACE INSPECTIONS

Department Heads/Coordinators or a designate are responsible for conducting periodic workplace inspections to ensure any potential hazardous work environment is eliminated or minimized for their crew. The inspections should be conducted in consultation with a member of the Joint Health and Safety Committee.

The *Workplace Inspection Checklist* must be completed for each location and is used as a guide to inspect the work area for potential hazards that can cause injury or illness. After the checklist is completed, the Workplace Inspection Report can be used to summarize the inspection. Write down the date, location of inspection, and the names of inspectors. Any potential hazard(s) identified can be prioritized as HIGH, MODERATE or LOW hazard and corrective action dates should reflect their classification.

Hazards should be classified using the framework outlined:

- |                 |  |
|-----------------|--|
| <b>HIGH</b>     | hazards are issues that are immediately dangerous to life and health or that have a potential for lost time injury or illness (more than one day), or significant property loss (greater than \$50,000). |
| <b>MODERATE</b> | hazards are issues that have a potential of injury or illness (first aid/no lost time), and/or property loss (\$1,000 to \$50,000).  |
| <b>LOW</b>      | hazards are issues that have a low potential for injury or illness (injury not likely), and/or property loss (less than \$1,000).  |

See the attached ***Workplace Inspection Checklist*** and ***Workplace Inspection Report*** in the Forms & Checklists section.

A copy of the ***Location Hazard Assessment Checklist*** should also be reviewed for potential hazards already identified by the Locations Department.

All inspection checklists and reports will be submitted to and retained by the Production Office Coordinator. These documents may be requested for possible review by WorkSafeBC inspectors/officers. The inspection reports must also be copied to the JHSC.

## SAFE WORK PROCEDURES

Specific safe work procedures are instructions on how work is to be carried out safely. The procedures outline potential hazards associated with carrying out the work and how to eliminate or minimize these hazards.

Supervisors and Department Heads are responsible for ensuring that their crew is aware of any special safety procedures associated with their tasks. These procedures are to be communicated to workers by attaching them to call sheets, discussing them at safety meetings, posting them at workstations, and/or by training crew members.

A ***Code of Safe Practices*** has been developed which crew members are expected to know and obey. These are included in this section.

For specific production hazards, such as helicopters and insert camera cars, personnel should consult the appropriate safety bulletins from the AMPTP (Alliance of Motion Picture & Television Producers) or guidelines from Section 21. This information can be downloaded from each organization's website.

The AMPTP web address is [www.csatf.org](http://www.csatf.org)

The Actsafes web address is <https://actsafe.ca/>

## CODE OF SAFE PRACTICES

Compliance with this *Code of Safe Practices* is mandatory. This *Code of Safe Practices* shall be posted in conspicuous locations throughout the production office and off-lot production locations.

Supervisors will ensure that crew members have this *Code of Safe Practices* readily available. Crew members in violation of any of these codes are subject to disciplinary action.

1. All crew members shall follow these practices, contribute to the performance of safe work operations, and report all unsafe conditions or practices to their respective Supervisor, Department Head or the UPM.
2. Supervisors shall insist on crew members observing and obeying every rule, regulation, and order as is necessary to ensure the safe performance of work and shall take such action as is necessary to obtain compliance.
3. Crew members shall attend routine safety training, which will be relevant to the work-related safety hazards to which they are exposed. Safety training shall be provided by Supervisors or Department Heads at least every 10 working days.
4. Anyone known to be under the influence of drugs or intoxicating substances that impair the crew member's ability to safely perform their assigned duties shall be subject to disciplinary action.
5. Crew members are required to wear personal protective equipment applicable or relevant to the hazards to which they are exposed.
6. Horseplay, scuffling, and other acts adverse to the safety performance of work shall be prohibited.
7. Work shall be well planned and supervised to prevent injuries in the handling of materials and in working with equipment.
8. No one shall knowingly be permitted or required to work while the crew member's ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the crew member or others to injury.
9. All injuries and accidents shall be reported immediately to the involved crew member's Supervisor or Department Manager so that arrangements can be made for medical/first aid treatment and/or accident investigation.
10. Crew members will be provided appropriate training for the activities and applicable hazards to which they may be exposed.
11. No crew member will be required to perform work activities that they feel places them in personal danger or exposes them to uncontrolled hazards that may result in personal injury or illness.
12. Crew members will not operate or use any mechanical equipment or vehicle in a manner that is inconsistent with established policies, procedures, or manufacturers recommended guidelines.
13. Crew members will be made aware of the location of, and methods to obtain, hazard communication and hazardous substance information applicable to their respective work activities.
14. The use of hazardous materials will be kept to a minimum and properly stored, used, and controlled at all times.
15. Crew members will familiarize themselves with established emergency procedures and exits for

each location where they are assigned to work.

16. Crew members required to work at unguarded or unprotected heights in excess of 10 feet (3 Meters in ON) above the next working level are required to wear fall protection equipment and must be clipped in at all times.
17. Crew members will be aware of general location safety concerns, including extreme weather conditions, dangerous plants and/or animals, and geographic layouts that may present additional safety concerns.
18. Only personnel with knowledge and training are authorized to perform electrical work, install scaffolding or rigging, and operate aerial lifts/condors/forklifts.
19. Production must have prior approval from the Production Safety Representative or Safety Advisor before conducting any drone/unmanned aircraft systems activity.

## EDUCATION&TRAINING

All crew members will receive training to ensure that assigned work may be completed safely. This training may include on-the-job instruction by a Supervisor, Department Coordinator, qualified consultant, or Production Safety. If any special safety training is required for a certain task, the production company will provide the necessary training and ensure that the person is made aware of any proper safe work procedures.

The Start-Up Pack filled out by all crew members will document any qualifications and training the person has to date and will be retained by the Production Office Coordinator. The minimum training requirements are presented in the following table:

TrainingProgram	Applicable Personnel	Trainer
Employee Orientation	All personnel	Supervisor or Department Head
First Aid	Designated personnel, according to work site conditions (see section on First Aid requirements)	St. John's Ambulance First Aid Course
Workplace Hazardous Materials Information Systems (WHMIS)	All personnel working with and around controlled products	IATSE or external training provider
Emergency Response	All personnel	Department Head and/or Supervisors
Code of Safe Practices	All personnel	Department Head
Safety Guidelines	Construction / Labour / Grips / Lighting / Electric / Special Effects	Department Head
Safe Work Procedures (Specific to location hazards, equipment, material, stunts, special effects, etc.)	All necessary personnel	Department Head and/or Supervisor or external training provider.

If crew members have any safety concerns about performing their duties in a safe manner or they are unsure of the proper work procedures, they must inform their supervisors immediately.



## **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

### **PERSONAL PROTECTIVE EQUIPMENT**

Personal Protective Equipment (PPE) must be worn when hazards cannot be controlled practically by elimination, substitution and/or engineering controls. Depending on the work to be performed, crew members may be required to wear various types of PPE, such as hard hats, safety glasses, face protection, steel toe and shank boots, high visibility vests, life jackets, hearing protection, respiratory protection, and others.

### **GENERAL REQUIREMENTS**

1. The Production will ensure that the necessary PPE is provided to crew members, and that it meets the requirements of an acceptable standard before use (e.g. CSA Approved or other acceptable standard).
2. Before use of any PPE, the crew member must be trained on the fit, selection, use, storage, inspection, cleaning, maintenance and limitations of their specific PPE. All PPE will be kept clean and free of contaminants by following proper cleaning and storage procedures.
3. PPE will not be used that is defective or does not fit properly, since it will not provide the crew member with effective protection.
4. If the use of PPE creates a hazard(s) equal to or greater than those it is intended to prevent, alternative PPE must be provided and used, or other appropriate precautionary measures must be taken.
5. Crew members will ensure that their personal clothing (street clothes) does not create a safety hazard. For example, if there is a danger of contact with moving parts or machinery, personal clothing should fit closely to the body. Dangling neckwear, bracelets, wristwatches, and rings must not be worn and long hair should be tied back to prevent it from being caught in machinery.

### **SAFETY HEADGEAR**

Hard hats must be worn by all crew members in any work area where there is a danger of head injury from falling, flying or thrown objects, which includes traffic control persons. Safety headgear must meet the requirements for industrial applications and class “B” requirements for construction applications.

### **SAFETY FOOTWEAR**

Safety footwear must be worn that is appropriate to the protection required, (e.g., puncture resistant soles, toe protection, metatarsal protection, dielectric protection, etc.) Footwear must meet the requirements of CSA Standard CAN/CSA-Z195-M92, Protective Footwear.

### **RESPIRATORY PROTECTION**

Appropriate respiratory protection will be provided and worn by crew members if they are or may be exposed to air contaminants in excess of regulatory exposure limits. If there is a doubt that the crew member has the ability to effectively wear respiratory protection for medical reasons, then a medical evaluation will be conducted, and the employee shall not be allowed to perform the job task until that evaluation is completed.

The respirator selected must be appropriate for the hazard and the protection required. Each crew

member wearing a respirator is required to be fit-tested to ensure that the respirator provides an effective seal. Every employee who is required to wear a respirator must also be clean-shaven for the respirator to provide an effective seal. Respiratory protection must meet the requirements of CSA Standard CAN/CSA- Z94.4-02, Selection, Use and Care of Respirators.

## **HEARING PROTECTION**

Where it is not practicable to reduce noise levels below 90 dBA (8-hour exposure), crew members must wear appropriate hearing protection, in accordance with the CSA Standard Z94.2-94, Hearing Protectors. Also, crew members must not be exposed to peak sound levels above 115 dBA.

Audiometric tests are required for those crew members that are exposed to noise levels that may exceed the 90 dBA exposure limit. Testing is available through International Alliance of Theatrical Stage Employees (IATSE) or a similar service provider will be requested to come to the studio or location site to offer the hearing tests. The hearing tests are to be coordinated through the Production Office.

## **EYE & FACE PROTECTION**

When crew members are performing activities that have the potential to injure or irritate the eyes, appropriate safety eye wear must be worn. Prescription safety eye wear must meet the requirements of the CSA Standard CAN/CSA-Z94.3-92, Industrial Eye and Face Protectors.

## **HIGH VISIBILITY VESTS, WRIST AND ANKLE REFLECTORS**

All crew members assigned to direct traffic and/or working around moving vehicles and mobile equipment must wear high visibility vests, wrist and ankle reflectors.

## **FALL PROTECTION**

Employees working at heights above three meters (ten feet) are required to wear fall protection and must be clipped in at all times. Acceptable fall protection would include: restricted access zones, a harness, and lanyard, and being clipped in at all times. All fall protection equipment must meet the requirements of the appropriate CSA Standard.

## **OTHER SPECIAL PROTECTIVE CLOTHING**

There may be other special protective equipment and/or clothing required, depending on the work to be conducted (e.g., life jackets if performing work on water).

## **WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEM (WHMIS)**

The purpose of this program is to ensure that criteria set out under the Workplace Hazardous Materials Information System (WHMIS) – Part 5.3-5.24 under the Occupational Health & Safety Act, are implemented and maintained and that all employees are able to exercise their “right to know” relating to controlled products.

The information to be provided to employees will be communicated in the following manner:

- Inventories providing a listing of all WHMIS controlled products.
- Safety Data Sheets on chemicals legislated under WHMIS.
- Labeling of containers holding chemicals legislated under WHMIS.
- Training of employees on the use and provisions of WHMIS.

### **CHEMICAL INVENTORIES**

Department Heads must keep an up-to-date inventory of chemical substances that are used and stored. This is to be maintained in the Safety Data Sheet (SDS) binders, in addition to copies of all SDSs for substances used in the area. This list must be updated periodically (e.g. once every 6 months, depending on the length of the production).

Department Heads are responsible for ensuring that the SDSs are kept up to date, as required, and are accessible to all crew members.

SDSs must accompany ALL shipments WHMIS Controlled Products and be turned over directly to the Department Head for filing.

### **LABELING**

Primary containers are those containers which a manufacturer/distributor supplies to the production studio or location. In such cases, the manufacturer/distributor is required to ensure that WHMIS labeling requirements are met. No future in-house labeling is required, provided that the material is not transferred to another container, or that the primary container label does not become defaced / illegible.

Secondary containers hold substances which have been prepared in-house or transferred from a primary container. The crew member transferring any product from a primary to a secondary container shall ensure that the container is labeled with at least the following information:

- Name of substance
- A description of safety measures to take Reference to the availability of an SDS.

All areas using chemical substances covered by WHMIS must post, in conspicuous locations, posters displaying WHMIS symbols, and special safety precautions associated with each symbol

All chemical wastes must be labeled following the same procedure and disposed of in a safe and environmentally friendly manner.

## TRAINING

All employees must receive WHMIS training prior to working with controlled products. At a minimum, WHMIS training must cover the following:

- Information contained on SDSs
- Legislation and symbols
- Protective equipment for each particular task
- The safe handling and disposal of chemicals and biological agents.

Certified WHMIS Training is available through The Workers Health and Safety Center or for IATSE 873 members through the Union's Training Program. Contact numbers are provided below:

**ACTSAFE**  
(604) 733-4682 or (800) 229-1455

**IATSE**  
(604) 664-8910

## SAFETY DATA SHEETS (SDS)

A Safety Data Sheet (SDS) is an information sheet from the supplier of the product that is kept in the workplace for crew members' reference. Crew members should familiarize themselves with all products they work with by referring to the SDS. If a crew member has any questions or concerns, they should bring them (for clarification) to the attention of the Supervisor or the Department Coordinator. SDSs contain the following information:

- Name of the product, its use, and the supplier address and phone number
- Name and concentration of all hazardous ingredients
- Physical characteristics of the product
- Fire or explosion hazards
- Reactivity hazards
- Toxic hazards
- Actions required to prevent injury or accident Actions required for first aid
- Name of the organization that prepared the SDS, their phone number and the date it was prepared.

SDSs expire every three (3) years. Check the date of SDSs and obtain updated versions from the supplier as required.

## HAZARDOUS WASTE DISPOSAL GUIDELINES

The Ministry of Environment has established specific environmental regulations. To assist your production in following these regulations, a contract has been established with **Veolia Inc.**, to provide transporting and disposing of hazardous waste. (e.g., paint waste, solvents, hydraulic fluids from SPFX, used engine oil).

### TO ESTABLISH SERVICE

Gather needed information:

- Name of Production Company.
- Name of Production.
- Address of Production.
- Quantity and type of waste to be disposed.
- Identify a contact person and back-up including name, title, phone and e-mail. This person is responsible for the service and will also coordinate access to the location for waste disposal and Supply delivery.
- Identify billing information:
  - Name of Company responsible for payment.
  - Billing address.
  - Billing/Invoice contact's name, phone number and email address.
    - Identify materials that will be potentially collected and disposed by production and approximate quantity. Remember to include Construction, SPFX, Transportation, etc.
    - Identify exact address of the location where the waste will be generated/stored (Generator Site).

### MATERIAL SPILL

In the event of a material spill, VEOLIA Environmental Services, Inc. should be immediately notified for containment and a clean-up response. In addition, your Production Safety Representative must also be notified.

**VEOLIA EMERGENCY- (800) 688-4005**



## Hazardous Waste Management Services for Off-Site Productions

Veolia North America is a contracted nation-wide service provider to assist with all off-site production sites in the handling and management of hazardous waste created during a film production.

**Nationwide Contact: Ted Yoon**

Phone: 562 243 5316

E-mail: ted.yoon@veolia.com

www.veolianorthamerica.com

- *Veolia will pick-up and manage all hazardous waste materials at the end of the production schedule.*

→ **What is typically hazardous waste from off-site productions?**

Paints, painting materials (brushes, rags, etc.), oil, aerosol cans, batteries.

Empty 55-gallon steel supply drums are available for waste materials.

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### EASY STEPS TO START PROCESS:

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Prior to calling for service, here are the four steps to ensure swift and complete service:

1. Obtain PO# for the anticipated service need;
2. Contact Ted Yoon via e-mail and he will provide you with your area's local **Veolia** representative for assistance and service schedule.
3. Call Ted Yoon and provide production site contact information, anticipated waste and supply needs.

In case of an Emergency involving a hazardous waste spill, please call: **(800) 688-4005**.

## PROCEDURES FOR SHIPPING OF DANGEROUS GOODS

Transport Canada Civil Aviation (TCCA) strictly regulates the air shipment of “dangerous goods.”

Dangerous goods include, but are not limited to:

- Explosives
- Corrosives
- Radioactive Materials
- Gases
- Flammables
- Oxidizers
- Organic Peroxides
- Infectious Substances
- Compressed Air Cylinders
- Substances Subject to Spontaneous Combustion
- Substances Which Emit Flammable Gases When Combined with Water

Many common products meet the definition of dangerous goods and must be properly packaged and labeled for air shipment. Some, but not all items, include:

- Paints
- Make-Up
- Hair Spray
- Matches
- Aerosol Cans
- Film Developers
- Special Effects Smoke
- Pyrotechnics
- Lead Acid Batteries
- Butane-Powered Hair Curlers
- Ammunition
- Explosives
- Fuel
- Oxygen Tanks
- Cleaners

***The laws governing the packing and shipping of dangerous goods are lengthy and complicated. The penalties for failing to follow these laws are severe. Among other penalties, individual employees who violate the law may be held personally liable and subject to immediate termination by the Company.***

***For these reasons, no one but the Production Office Coordinator can authorize the packing or shipping of dangerous materials, regardless of the quantity. All departments must coordinate the shipping of materials through the Production Office Coordinator who will ensure the proper packaging and labeling of all dangerous materials.***

***The best practice is to try to avoid the transporting of dangerous goods. Whenever possible, dangerous goods should be purchased at a distant location. At the end of production, any remaining dangerous goods must be disposed of in a proper and safe manner.***

***Additional information on shipping regulations is available from the Legal Department, the Production Shipping Coordinator, or from Production Safety at (323) 956-SAFE (7233).***

## **RECORDS & DOCUMENTATION**

Well-maintained health and safety records provide an essential set of information to assess the status of the Occupational Health and Safety program. The following records will be maintained and will be reviewed by the Production as necessary:

- **Department Head OH&S Program Acknowledgement Receipt**
- **Start Work Acknowledgements**
- **Joint Health & Safety Committee Minutes**
- **New & Young Worker Orientation**
- **Accident / Incident Investigation Report**
- **Location Hazard Assessment Checklists**
- **Workplace Inspection Reports**
- **Sound Stage Safety Inspection Checklist**
- **First Aid Records**
- **WorkSafeBC Inspection Reports**
- **Records of Training**
- **Actsafes Claim Statistics**
- **Exposure Assessments and Investigations (if conducted)**

These records are kept within the Production Office by a designated Office Coordinator.

Medical records are filed in a manner that respects confidentiality (e.g. in a separate employee file).



## FORMS & CHECKLISTS

Keep in mind that no checklist covers all possible situations, so unique circumstances might require different or additional documentation.

Joint Health & Safety Committee Minutes.....	44
Young & New Workers Checklist.....	45
Employer Incident Investigation Report (EIIR).....	46
Emergency Procedures.....	50
Production Risk Assessment Stunt / Special Activity.....	51
Location Hazard Assessment Checklist.....	53
Workplace / Construction Inspection Checklist.....	56
Workplace Inspection Report.....	58
Office Inspection Checklist.....	59
Sound Stage Safety Inspection Checklist.....	60
Stunt Safety Inspection Checklist.....	61
Special Effects Safety Inspection Checklist.....	64
Production Activity Notification Checklist.....	66

## STUDIO SPECIFIC FORMS AND PROGRAMS

Emergency Action Plan.....	68
Fire Prevention Plan.....	70
Employee Warning Report.....	71
Hazard Notification Form.....	72
Injury & Illness Report Form.....	73
Supervisor Incident Investigation Report.....	78
Safety Meeting Attendance Form.....	79
Right of Refusal of Medical Aid.....	80
Anonymous Safety Report Form.....	81
Health and Safety Guidelines for Background Performers.....	82
Production Safety Information.....	84
Fall Protection Plan.....	85
Inclement Weather Program.....	89

## JOINT HEALTH & SAFETY COMMITTEE MINUTES

Date:	Start Time:	Adjourned:
Attendance: (Names of attendees and guests)		
Worker Co-chair:		Employer Co-chair:
Review of Previous Meeting Minutes:		
New Business:		
Other Business:		
Date of Next Meeting:		Distribution of Minutes: JHSC Members, All Department Heads, Notice Board, Production Office, Production Safety
Co-chair Signatures:		

## YOUNG & NEW WORKER ORIENTATION CHECKLIST

The topics in this checklist must be covered with every employee at each location. Once complete, it must be submitted to the Production Office and the Production Safety Department.

Worker's Name \_\_\_\_\_ Date of Orientation \_\_\_\_\_

Department \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Location \_\_\_\_\_ Orientation Given By \_\_\_\_\_

- ☐ I have received Employer's/Worker's rights and responsibilities and Refusal of Unsafe Work summaries.
- ☐ I have received Workplace Health and Safety rules and the Code of Safe Practices.
- ☐ I have been informed of emergency procedures for my workplace.
- ☐ I am aware of the location of fire exits and fire extinguishers at this location.
- ☐ I will report unsafe work conditions to my supervisor, a safety committee member, AD or the Production Manager.
- ☐ I am aware that there is a safety hotline that may be used anonymously.
- ☐ I have been made aware of obvious or potential workplace hazards.
- ☐ I am aware of the location of first aid facilities and/or set medical personnel.
- ☐ I am aware of how to report injury or illness.
- ☐ I have the name of and contact information for my immediate supervisor.
- ☐ I am aware of WHMIS/SDS guidelines.
- ☐ I am aware of the required PPE necessary to perform my job safely.
- ☐ I am aware of **Working Alone Procedures** (if applicable).
- ☐ I am aware of "risk of violence" procedures.
- ☐ I am aware of the ability to report hazards to my supervisor.
- ☐ I am aware that the tasks that I have been assigned have been demonstrated.
- ☐ I am aware of who the members of the Joint Health and Safety Committee.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Employer Incident Investigation Report (EIIR)

Please refer to the companion [quick guide](#) for assistance completing the investigation and this form.

## 1. Employer's information

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
Employer's head office address		
City	Province	Postal code
Employer's representative's name		Phone number (include area code)
Email address		

## 2. Injured persons

Last name	First name	Job title
a)		
b)		
c)		
d)		

## 3. Place, date, and time of incident

Location where incident occurred (street address or GPS coordinates)		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time of incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

## 4. Type of occurrence (select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Death of a worker                         | <input type="checkbox"/> Dangerous incident involving explosives other than blasting incident   |
| <input type="checkbox"/> Serious injury to a worker                | <input type="checkbox"/> Diving incident, as defined by regulation                              |
| <input type="checkbox"/> Major structural failure or collapse      | <input type="checkbox"/> Incident of fire or explosion with potential for serious injury        |
| <input type="checkbox"/> Major release of hazardous substance      | <input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury |
| <input type="checkbox"/> Blasting accident causing personal injury | <input type="checkbox"/> Injury requiring medical treatment beyond first aid                    |

**An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.**

## 5. Report type (select all that apply) If this is a revised version of a previous report, please check here ☐.

<input type="checkbox"/> <b>Preliminary Investigation Report</b> If requested only, provide a copy to WorkSafeBC.	<input type="checkbox"/> <b>Interim Corrective Action Report</b>	<input type="checkbox"/> <b>Full Investigation Report</b> <b>Must be provided</b> to WorkSafeBC within 30 days* Fax 1.866.240.1434	<input type="checkbox"/> <b>Full Corrective Action Report</b>
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Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)
Officer's name		Date sent (yyyy-mm-dd)	

## 6. Witnesses

Last name	First name	Job title
a)		
b)		
c)		

## 7. Other persons whose presence might be necessary for proper investigation

Last name	First name	Job title
a)		
b)		

## 8. Sequence of events that preceded the incident

Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management.

## 9. Unsafe conditions, acts, or procedures that significantly contributed to the incident

Required in all reports. Describe anything, or the absence of anything, that contributed to the hazard such as poor housekeeping or poor visibility, using equipment without guards, or the lack of safe work procedures.

## 10. Nature of the serious injury (optional — complete only if there has been an injury)

- |   |   |
|---|---|
| <input type="checkbox"/> Life threatening or resulting in loss of consciousness<br><input type="checkbox"/> Major broken bones in head, spine, pelvis, arms, or legs<br><input type="checkbox"/> Major crush injuries<br><input type="checkbox"/> Major cut with severe bleeding<br><input type="checkbox"/> Amputation of arm, leg, or large part of hand or foot<br><input type="checkbox"/> Major penetrating injuries to eye, head, or body<br><input type="checkbox"/> Severe (third-degree) burns | <input type="checkbox"/> Punctured lung or other serious respiratory condition<br><input type="checkbox"/> Injury to internal organ or internal bleeding<br><input type="checkbox"/> Injury likely to result in loss of sight, hearing, or touch<br><input type="checkbox"/> Injury requiring CPR or other critical intervention<br><input type="checkbox"/> Diving illness such as decompression sickness or near drowning<br><input type="checkbox"/> Serious chemical or heat/cold stress exposure<br><input type="checkbox"/> Other (specify) |
|---|---|

## 11. Brief description of the incident

Required in Preliminary Report. Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any.

## 12. Corrective actions identified and taken to prevent recurrence of similar incidents

Action (Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)	Action assigned to (name and job title)	Expected completion date (yyyy-mm-dd)	Completed date (yyyy-mm-dd)
a)			
b)			
c)			
d)			
e)			

## 13. Explanation of blank areas on this Preliminary Report, if any

If there are blank areas, describe the circumstances beyond your control that explain this lack of information.

## 14. Persons who carried out or participated in the preliminary investigation

Representative	Name	Job title	Signature (optional)	Date signed (yyyy-mm-dd)
Employer representative				
Worker representative				
Other				
Other				

## End of report

Completing all the sections above satisfies the requirements for a Preliminary Investigation Report and an Interim Corrective Action Report.

**Note:** If this was a simple investigation and **all needed corrective actions have been completed within 48 hours**, the Preliminary and Full Investigation portions of the report can be completed at the same time. If so, you can check both the Preliminary Investigation Report and the Full Investigation Report boxes in section 5 on page 1.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

## 15. Determination of causes of incident

Required in Full Report. Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe conditions, acts, or procedures in the Preliminary Report possible. Update items from section 9, if needed.

## 16. Full description of the incident

Required in Full Report. Use the brief description from the Preliminary Report and update it, if necessary.

## 17. Additional corrective actions necessary to prevent recurrence of similar incidents

Additional corrective action (Required in Full Report and Full Corrective Action Report.)	Action assigned to (name and job title)	Expected completion date (yyyy-mm-dd)	Completed date (yyyy-mm-dd)
a)			
b)			
c)			
d)			

## 18. Persons who carried out or participated in the full investigation

Representative	Name	Job title	Signature (optional)	Date signed (yyyy-mm-dd)
Employer representative				
Worker representative				
Other				

## 19. Other relevant workplace parties

Company name	Contact person	Contact number or email address
a)		

## End of report

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report.

Employers are required to submit **full** investigation reports to WorkSafeBC **within 30 days\* of the incident**. Reports may be submitted by fax to 604.276.3247 (Greater Vancouver), toll-free fax 1.866.240.1434, or by mail to PO Box 5350, Stn Terminal, Vancouver BC V6B 5L5. Do **NOT** submit a preliminary report unless you have been so directed by a WorkSafeBC officer.

\* Employers can request an extension from a WorkSafeBC officer, **if the full investigation cannot be completed within 30 days**.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

## EMERGENCY PROCEDURES

The following equipment will be used to inform Crew Members of an emergency during business hours (check applicable):

- ☐ Two Way Radios
- ☐ Internal Paging System
- ☐ Amplified Audio System (bullhorn)
- ☐ Direct Communication
- ☐ Other (specify)

### CONTACT NUMBERS

Location: \_\_\_\_\_

Your nearest fire exit is: \_\_\_\_\_

### LOCAL EMERGENCY NUMBERS

Fire Department: **Call 9-1-1**

Police Department: **Call 9-1-1**

Nearest Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

### IMPORTANT NUMBERS

IATSE	<b>(204) 953-1100</b>
Actsafes	<b>(604) 733-4682</b>
Workers' Compensation Board Tip Line	<b>(204) 888-8081</b>
After Hours	<b>(844) 888-8081</b>
Poison Control	<b>1-855-776-4766 (1-855-7POISON)</b>
Chemical Spills Reporting Lines 24 hours / 7 days a week	<b>(204) 944-4888</b>
Provincial Emergency Program	<b>(800) 387-0750</b>

### PRODUCTION SAFETY

Emergency Canada	<b>(604) 666-6100</b>
Production Safety	<b>(323) 956-SAFE (7233)</b>
Production Safety Representative	
Local Safety Consultant	
24 Hour Anonymous Safety Hotline	<b>(323) 956-SAFE (7233)</b>

### PRODUCTION CONTACTS (INCLUDE NAME & PHONE NUMBER)

First Aid Attendant: \_\_\_\_\_

Unit Production Manager: \_\_\_\_\_

Production Office Coordinator: \_\_\_\_\_



## Production Risk Assessment Stunt/ Special Activity

**Enter Production Company:** \_\_\_\_\_

*This assessment is an overview of the Significant Hazards and Risk Rating for activities planned on this set, for general control measures refer to Stunt Dept. Arrangements and Risk Assessment. For specific controls speak to the Department Head responsible for action (Special Effects Coordinator, Stunt Coordinator or Fight Coordinator. Specific plans shall be made available on request.*

Persons at Risk (enter details below)		Emergency Arrangements						
Cast		Dates						
Performers		Medical Cover						
Crew, contractors and public		Paramedic	Y	N	Ambulance Cover	Y	N N/A	
Management and control								
Stunt Coordinator		Studio Location						
Stunt Rigger		Special Effects						
UPM		Director						
Production Safety		Producer						
Stunt Activities / Hazards – see appropriate Department Heads for arrangements and risks								
Fight rehearsals	Water / Diving	Operating / falling from boats						
Filming fight sequences	Fire and flame sequence	Young cast / performers						
Manual pulls assists	Explosions / pyro / air movers	Climbing						
Mechanical pulls assists	Horse riding	Helicopters						
Falls & Jumps	Fighting on vehicles, rigs etc.	Large goods vehicle driving						
Driving off road vehicles	Abseiling and suspension	Free running						
Driving on road and track	Motorcycling riding	Drone/Remote Operated Vehicles						
SFX rigs / gimbals	Weapon firing							
Significant Risks	Rating			Significant Risks			Rating	
	Low	Med	High		Low	Med	High	
Falls and falling objects				Impacts between people or sets				
Cuts and abrasions				Drowning				
Failure of systems and controls				Suspension				
Uncontrolled fire or burns				Entrapment or crush				
Impacts with equipment or vehicles				Loss of communication				
Incorrect use of equipment				Changes in determined action				
Muscular skeletal injuries				Electric shock				
Pneumatic or hydraulic failure								
General Controls								
1.	Tests will follow established safety measures prior to rehearsals which will take place prior to filming.							
2.	Information has been exchanged with all relevant parties involved in the rehearsal prior to filming.							
3.	Lifting equipment is thoroughly inspected at 6monthly intervals in line with Lifting Operations and Lifting Equipment Regs							
4.	Stunt Coordinator or designated Stunt personnel present during all rehearsal and shooting.							
5.	All action will be rehearsed prior to shooting.							
6.	All artists will be confident and prepared for all action required.							
7.	Only experienced personnel involved in action sequences.							
8.								
9.								
10.								
Additional Stunt Information								
1.								
2.								
3.								
4.								
Comments								
Any changes in relation to cast, crew, including lighting, camera, prop equipment positions, or other equipment adjacent to stunt performers, the changes must be communicated to the Stunt Coordinator. Specific plans will be made available from the appropriate Department Head, on request.								
Approval: I am satisfied that the above constitutes a suitable and sufficient risk assessment in respect of this production.								
Stunt Coordinator & UPM/LP to sign	Name:				Name:			
	Sign:				Sign:			
	Date:				Date:			
Distribution: Production Office / Health & Safety / SFX / Vehicles / Assistant Directors.								

## **Stunt/SPFX/ Special Activity/ Overview Risk Assessment**

*USE THIS PAGE FOR DIAGRAMS OR OTHER SPECIAL INFORMATION AND NOTIFICATIONS*

## LOCATION HAZARD ASSESSMENT CHECKLIST

This checklist is required to be completed for each location or production office. Answer the following questions to the best of your ability. For each identified potential hazard, write down the action required.

<b>LOCATION</b>	<b>SCHEDULED SHOOTING DATES:</b>
<b>NAME OF ASSESSOR</b>	<b>DATE</b>

Please ☒ your response below. "N/A" means "Not Applicable" If action required, give brief description.

YES	NO	N/A	INSPECTION ITEM	ACTION REQUIRED
<b>GENERAL</b>				
			Inform the managers/owners of the location as to what work processes the production company will perform.	
			Ask the managers/owners of any known hazards associated with the site.	
			Have previous hazard assessments and hazardous materials inventories been reviewed for this location?	
			Are there engineering reports and floor plans which outline pick points, weight loads and structural issues available?	
			If the location is an operational facility, has there been a facility liaison assigned to the production?	
			If the location is an operational facility, are there emergency procedures available on site? If so, ask for a copy.	
			Are there any concerns regarding extreme weather conditions?	
			Are there any water hazards? (e.g., dock, wharf, etc.)	
<b>HAZARDOUS MATERIALS</b>				
			If the location is an operational facility, are there copies of Safety Data Sheets (SDS) on file at the location for all hazardous material being used/stored on site?	
			Are hazardous materials observed on location properly stored and/or secured?	
			Are there existing asbestos containing materials at this location?	
			Is there potential for the disturbance of lead-based paints i.e., sanding, grinding?	
			Does the location contain PCB materials (i.e. electric transformers) or PCB storage areas?	
			Does the location contain an obvious amount of dust or particulate?	
			Is there a potential for exposure to microbial contaminants at this location?	
			Is there a risk for exposure to biological contaminants (blood, urine, feces, animal remains?)	
			Do any hazardous materials need to be removed?	
<b>ACCESS &amp; EGRESS</b>				
			Are there potential walking surface hazards at the location, e.g., grease, holes in floor, etc.?	
			Are there areas that need to be clearly marked and/or taped "KEEP OUT"?	
			Are exits, corridors, and stairways illuminated, clearly marked and unobstructed?	

Yes	No	N/A	INSPECTION ITEM	ACTION REQUIRED
<b>FALL PROTECTION / CONFINED SPACE</b>				
			Are guardrails and hand railings in place on raised platforms or potentially unstable areas (e.g. cliff edges, staircases, etc.)?	
			Are there any confined spaces or enclosed areas associated with the location, e.g. tunnels?	
			Are there areas that may require supplementary ventilation?	
<b>ELECTRICAL</b>				
			Are there any potential live electrical hazards (exposed wiring, electrical boxes etc.) at the location?	
			Is there enough electrical output for the demand needed?	
<b>FIRE SYSTEMS</b>				
			Are fire extinguishers and/or other fire safety equipment available and in working condition?	
			Are there specialized electrical safety extinguishers in close proximity to the main electrical panel?	
			Are sprinkler heads clear of obstruction?	
			Are fire lanes clear?	
			Are fire hydrants accessible?	
			Are all fire department connections clear?	
			Can heaters and fans be brought in without compromising air quality and fire safety?	
			Does the building allow for a four-foot fire lane perimeter with the stage set?	
<b>WATER / WASHROOM FACILITIES</b>				
			Are there hygienic and functional washrooms (separate men's/women's) for the intended amount of workers?	
			Is there sanitary potable water on site and enough running water for departments such as paint, construction etc.?	
<b>SECURITY</b>				
			Is there security at the site, especially for those working alone at night?	
			Is there an obvious need for security escorts (day or night)?	
			Is the outdoor lighting adequate?	
			Is there a concern for injury to the person (either from other people or wildlife?)	
			Are P.A.'s needed for lock up, guarding equipment, etc.?	
<b>FIRST AID</b>				
			Is there an <b>adequate</b> first aid room at the site or close to the site?	
			Is this a remote location where additional first aid requirements may be necessary?	
			Is there a hospital within 20 minutes travel time taking into account traffic, road works, train tracks, terrain etc.?	
<b>TRAFFIC CONTROL</b>				
			Does traffic control need to be arranged?	
<b>SAFETY NOTICES</b>				
			Do safety notices or safe work practices need to be posted or attached to the call sheet?	

[illegible]

## WORKPLACE/CONSTRUCTION INSPECTION CHECKLIST

<b>PRODUCTION/DEPARTMENT</b>	<b>LOCATION/ADDRESS</b>
<b>PERSON COMPLETING INSPECTION</b>	<b>SUPERVISOR</b>
<b>SIGNATURE</b>	<b>DATE CHECKLIST COMPLETED</b>

The following checklist can be used to conduct an inspection of your workplace to identify any potential hazards.

Please ☒ your response below. "N/A" means "Not Applicable" If action required, give brief description.

YES	NO	N/A	INSPECTION ITEM
			Exits and exterior fire lanes are not blocked
			Emergency exits clear (inside and out)
			Emergency exit signs and lighting are adequate and functioning
			Proper housekeeping is maintained in work areas and they are free from trip and fall hazards (e.g., extension cords, materials stored in aisles, etc.)
			4 ft. interior perimeter fire lane is clear and unobstructed (i.e. cords/cables ramped or bridged)
			Fire extinguishers present
			3 ft. clearance around all electrical panels
			Electrical boxes or exposed live electrical parts are closed/covered
			Proper use of required Personal Protective Equipment where required (e.g., hearing protection, gloves, safety glasses/goggles).
			Tools have been inspected and are in good condition (i.e., no frayed or patched cords, ungrounded plugs)
			Electrical boxes or exposed live parts are kept closed and/or covered
			Safe guards on machinery and equipment are in place where required and in good working order (i.e. splitters and kickback pawls on table saws)
			Eye wash stations, where present, are in good condition (i.e., bottles are full with clean saline solution, flushed / inspected monthly)
			Chemical containers are properly labeled
			Required regulatory postings, emergency contact numbers and exit routes are posted
			A hard copy of the Illness and Injury Prevention Program is on-site
			Guardrails and handrails are present where required
			Approved storage cabinets are available and being used for storing chemicals and flammables.
			Proper ventilation is maintained to prevent accumulation of vapors and dust

YES	NO	N/A	INSPECTION ITEM
			Hazardous waste is being properly handled, stored and disposed of
			Dust collection has been installed as necessary
			"NO SMOKING" signs are visible
			Elevated sets have fire protection as required by local authority
			Gold room ceilings are free of storage
			Hot work permits obtained as necessary
			Personal fall protection available where required (in aerial lifts, perms etc.)
			All personnel operating aerial lifts and forklifts are properly trained and certified
			Required safety meetings being conducted every 10 working days and documented (i.e. Toolbox Talks, Health and Safety Committee etc.)
			Any scaffolding has been designed by a "qualified person" and inspected by a "competent person"
			Personnel using personal fall protection have been trained in its proper wear and use
			Ladders are in good condition and are being used properly (i.e. A-frame ladders not being used as straight ladders, proper footing distance etc.)
			Weight limits of work area have been determined if heavy loading is expected (i.e. cranes, heavy sets etc.)

## WORKPLACE INSECTION REPORT

<b>PRODUCTION</b>	<b>LOCATION</b>
<b>NAME OF INSPECTOR</b>	<b>DATE</b>

### HAZARD RATINGS

**HIGH (H)** Hazards are issues that are immediately dangerous to life and health or that have a potential for lost time injury or illness (more than one day), or significant property loss (greater than \$50,000).

**MODERATE (M)** Hazards are issues that have a potential of injury or illness (first aid/no lost time), and/or property loss (\$1,000 to \$50,000).

**LOW (L)** Hazards are issues that have a low potential for injury or illness (injury not likely), and /or property loss (less than \$1,000).

**For the “Hazard Rating” below, please write either “H”, “M”, or “L”.**

ITEM #	HAZARD & LOCATION	HAZARD RATING	CORRECTIVE ACTION BY	DATE TO BE	ACTION COMPLETED



## OFFICE INSPECTION CHECKLIST

<b>PRODUCTION</b>	<b>LOCATION/ADDRESS</b>
<b>PERSON COMPLETING INSPECTION</b>	<b>SUPERVISOR</b>
<b>SIGNATURE</b>	<b>DATE CHECKLIST COMPLETED</b>

The following checklist can be used to conduct a quick inspection of your workplace to identify any potential hazards.

Please ☒ your response below. "N/A" means "Not Applicable" If action required, give brief description.

YES	NO	N/A	INSPECTION ITEM
			Hard copies of the Injury & Illness Prevention program is readily available on-site.
			Required regulatory postings are placed in a common area.
			Emergency numbers are posted including the studio safety hotline.
			Fire extinguishers are fully charged and clear of obstructions.
			Aisles, doorways and exits are free from obstructions to allow prompt egress.
			All exits are clearly marked with adequate lighting.
			A safe refuge area has been designated (meeting place after evacuation), reviewed by all employees and posted (with a map).
			Electrical appliances and equipment are in good condition and properly grounded.
			A sufficient number of outlets are available to prevent overloading of circuits.
			File cabinets are arranged so that drawers, when open, will not block aisles.
			Furniture free from sharp edges, points, and splinters.
			Office is equipped with a step stool or ladder to safely reach overhead objects.
			Photocopy machines placed in well-ventilated rooms.
			Cleaning supplies are labeled and properly stored.
			Hard floor surfaces are clean, dry, level and in good condition.
			Carpets are well secured to the floor and free of worn or frayed seams.
			Break/kitchen areas are clean and all snack food is in manufacturer-sealed packaging.

## SOUND STAGE SAFETY INSPECTION CHECKLIST

<b>STAGE#</b>	<b>INSPECTED BY</b>
<b>DATE</b>	<b>SIGNATURE</b>

To ensure housekeeping and safe work practices are maintained, this stage inspection checklist must be completed on a regular and frequent basis. If there are any discrepancies found, immediate corrective action must be taken to correct the unsafe condition. Once this inspection checklist is completed, it must remain on file in the production office.

Please ☒ your response below. "N/A" means "Not Applicable" If action required, give brief description.

YES	NO	N/A	INSPECTION ITEM
			Are fire hydrants, extinguishers, hose cabinets, sprinklers and valves accessible?
			Are emergency exits clear and unobstructed?
			Are emergency exit signs and emergency lights adequate, visible and well-marked?
			Are flammable liquids in UL approved containers?
			Is spray painting and lacquer applications approved and performed safely?
			Is proper ventilation maintained to prevent flammable vapors from accumulating?
			Is the 4-ft. perimeter aisle clear and unobstructed?
			Does the 4-ft. perimeter aisle have an unobstructed height of 7 feet?
			Do all electrical panels have a 3-foot clearance?
			Are interior house and perimeter lights working properly?
			Are trip and fall hazards abated?
			Are "No Smoking" signs visible?
			Is proper housekeeping maintained?
			Are hazardous materials and waste properly handled and disposed?
			Are bulk drums of flammable liquids grounded and bonded to containers during dispensing?
			Are cords, cables and hoses crossing the fire lanes ramped or bridged?
			Are emergency numbers and WorkSafe posters posted?
			Is chicken wire placed around the bottom open perimeter of all elevated sets?
			Are approved and listed heat detectors installed beneath interior solid-ceiling sets and platforms over 600 square feet in area?
			Are gold room ceilings free of storage?
			Are workers operating or working on elevated platforms secured by safety harnesses?
			Has a hot work permit been obtained for welding, grinding and cutting?

## STUNT SAFETY INSPECTION CHECKLIST

<b>PRODUCTION:</b>	<b>SCHEDULED DATE OF ACTIVITY:</b>
<b>LOCATION:</b>	<b>COMPLETED BY:</b>

### BASIC PROCEDURES

1. Complete a stunt diagram on enclosed form.
2. Notify all personnel involved of your intention to perform a stunt.
3. Conduct a detailed briefing of the stunt: What will happen, who it will happen to, the hazards involved, emergency procedures and the location of emergency medical facilities.
4. Answer any questions or respond to concerns completely.
5. Allow adequate rehearsal time.
6. Have one last briefing and dry run to ensure everyone understands.
7. If there are any changes, review from the beginning.
8. Clear the set of unnecessary personnel.
9. Make sure that communications are absolutely clear between everyone involved.

**DESCRIBE IN DETAIL THE STUNT TO BE PERFORMED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please ☒ your response below. "N/A" means "Not Applicable".

YES	NO	N/A	INSPECTION ITEM
			Do all stunt personnel have any required licenses or certification cards in their possession (e.g. SCUBA, motorcycle, etc.) and have they been verified?
			Is there a helicopter involved? If yes, have safety rules/policies been reviewed and personnel notified, warned and rehearsed?
			Is any fixed-wing aircraft involved? If yes, have safety rules/policies been reviewed and personnel notified, warned and rehearsed, and aerial coordinator's FAA motion picture flight safety manual been reviewed?
			Are personnel cables or other special rigging involved? If yes, have safety rules/policies been reviewed and personnel notified, warned and rehearsed?
			Have Safety Data Sheets (SDS) been obtained for any hazardous substance to be used?

YES	NO	N/A	INSPECTION ITEM
			Has every piece of stunt equipment been carefully inspected, especially after each use?
			Do any safety modifications need to be made?
			Have you planned procedures for:
			<ul style="list-style-type: none"> <li>• Human Error</li> <li>• Mechanical Error</li> <li>• natural acts (i.e. weather changes)</li> <li>• Outside Interference</li> <li>• Anything unexpected</li> </ul>
			Have stunt personnel been allowed adequate time to inspect the area and rehearse?
			Have the following personnel been briefed on the specifics of the stunts:
			<ul style="list-style-type: none"> <li>• Medic/First Aid</li> <li>• Stunt Coordinator</li> <li>• Production Safety Coordinator</li> <li>• Assistant Directors</li> <li>• Security Officers</li> <li>• Fire Safety Officer</li> </ul>
			After each run-through, has the stunt been set up to run again exactly as originally planned?
			If changes have been made, are all involved parties aware of and comfortable with the changes?
			If animals are involved, have the procedures for proper animal handling been reviewed?
			If children are involved, have you obtained the teacher/welfare workers' approval?
			Have proper arrangements been made for emergency medical services?
			<ul style="list-style-type: none"> <li>• Is a doctor needed on the set?</li> <li>• Is a stand-by ambulance or helicopter needed?</li> <li>• Has the nearest emergency medical facility been notified of your work?</li> </ul>

## KEY PERSONNEL

STUNT COORDINATOR	SPECIAL EFFECTS COORDINATOR
ASSISTANT DIRECTOR	FIRST AID
PRODUCTION SAFETY COORDINATOR	TRANSPORTATION COORDINATOR
LOCAL POLICE DEPARTMENT	PHONE NUMBER
LOCAL FIRE DEPARTMENT	PHONE NUMBER
SIGNATURE	DATE

## PRE-PLANNED STUNT DIAGRAM

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## SPECIAL EFFECTS SAFETY INSPECTION CHECKLIST

PRODUCTION:	DATE OF ACTIVITY:
LOCATION:	COMPLETED BY:

### BASIC PROCEDURES

1. Notify all personnel involved of your intention to use special effects
2. Conduct a detailed briefing of the action: What will happen, who it will happen to, the hazards involved, equipment involved, emergency procedures and the location of emergency medical facilities.
3. Answer any questions or respond to concerns completely.
4. Allow adequate rehearsal time.
5. Have one last briefing and dry run to ensure everyone's understanding.
6. If there are any changes, review from the beginning.
7. Clear the set of unnecessary personnel.
8. Make sure that communications are absolutely clear between everyone involved.

### DESCRIBE IN DETAIL THE SPECIAL EFFECT TO BE PERFORMED:

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Please ☒ your response below. "N/A" means "Not Applicable".

YES	NO	N/A	INSPECTION ITEM
			Do all Special Effects Personnel have proper Special Effects Cards in their possession?
			If smoke is being used, has proper ventilation been provided and is safety equipment required?
			Have Safety Data Sheets (SDS) been obtained for any hazardous substance to be used?

Yes	No	N/A	INSPECTION ITEM
			Have you planned for:
			<ul style="list-style-type: none"> <li>• Human Error</li> <li>• Mechanical error</li> <li>• Natural acts (i.e. weather changes)</li> <li>• Outside Interference</li> <li>• Anything unexpected</li> </ul>
			Has all special effects equipment been carefully inspected, especially after each use?
			Do any safety modifications need to be made?
			Have the following personnel been briefed on the specifics of the effects:
			<ul style="list-style-type: none"> <li>• Special Effects Coordinator</li> <li>• Medic/First Aid</li> <li>• Assistant Directors</li> <li>• Fire Safety Officer</li> <li>• Production Safety Coordinator</li> <li>• Security Officers</li> <li>• Cast</li> </ul>
			After each run-through, has the effect been set up to run again exactly as originally planned?
			If changes have been made, are all involved parties aware of and comfortable with the changes?
			If animals are involved, have the procedures for proper animal handling been reviewed?
			If children are involved, have you obtained the teacher/welfare workers' approval?
			Have proper arrangements been made for emergency medical services?
			<ul style="list-style-type: none"> <li>• Is a doctor needed on the set?</li> <li>• Is a stand-by ambulance or helicopter needed?</li> <li>• Has the nearest emergency medical facility been notified of your work?</li> </ul>

### KEY PERSONNEL

STUNT COORDINATOR	SPECIAL EFFECTS COORDINATOR
ASSISTANT DIRECTOR	FIRST AID (Name & Phone number)
PRODUCTION SAFETY COORDINATOR	TRANSPORTATION COORDINATOR
LOCAL POLICE DEPARTMENT	PHONE NUMBER
LOCAL FIRE DEPARTMENT	PHONE NUMBER
SIGNATURE	DATE

## PRODUCTION ACTIVITY NOTIFICATION CHECKLIST

**PRODUCTION NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EPISODE # or TITLE:** \_\_\_\_\_

**NAME/TITLE/PHONE # OF PERSON COMPLETING FORM:** \_\_\_\_\_

**HAS NOTIFICATION TO SAFETY BEEN MADE?**

**(Enter Safety Representatives Name)** \_\_\_\_\_

This form is designed to encourage ongoing communication between the Production Safety Department and your production. Once aware of potentially hazardous activities, we can provide assistance with any regulatory requirements and recommend precautions for the cast and crew.

The 1st AD should ensure this form is completed during production meetings (for television, complete one per episode). Please indicate if any of the following activities are planned and email to the Production Safety Department. Please provide information as far in advance as possible, but at minimum of 48 hours prior to the activity to allow us sufficient time to contact your production for more information.

### FIREARMS

- |   |   |
|---|---|
| <input type="checkbox"/> Shotguns or Rifles | <input type="checkbox"/> Automatic Weapons / Machine Guns |
| <input type="checkbox"/> Handguns           |   |
| <input type="checkbox"/> Other :            |   |

### FIRE / PYROTECHNICS / EFFECTS

- |   |  |
|---|--|
| <input type="checkbox"/> Explosions           | <input type="checkbox"/> Smoke / Fog Effects |
| <input type="checkbox"/> Fireworks            | <input type="checkbox"/> Weather Effects     |
| <input type="checkbox"/> Flame Effects        | <input type="checkbox"/> Other:              |
| <input type="checkbox"/> Bullet Hits / Squibs |  |

### SPECIALIZED VEHICLES/EQUIPMENT

- |  |  |
|--|--|
| <input type="checkbox"/> Military vehicles: tanks, personnel carriers, etc.                  | <input type="checkbox"/> Motorcycles                 |
| <input type="checkbox"/> Heavy construction machinery: cranes, bulldozers, earthmovers, etc. | <input type="checkbox"/> All-Terrain Vehicles (ATVs) |
|  | <input type="checkbox"/> Ships                       |
|  | <input type="checkbox"/> Gimbals                     |
| <input type="checkbox"/> Trains  | <input type="checkbox"/> Hydraulics / Animations     |
| <input type="checkbox"/> Other:  |  |

### WATER SEQUENCE

- |  |  |
|--|--|
| <input type="checkbox"/> Jet ski or Ski doo                | <input type="checkbox"/> Swimming or Falling into Water    |
| <input type="checkbox"/> Kayaking                          |  |
| <input type="checkbox"/> Scuba Diving                      | <input type="checkbox"/> Watercraft such as Ships or Boats |
| <input type="checkbox"/> Submarine or Underwater Equipment | <input type="checkbox"/> Water Skiing                      |
| <input type="checkbox"/> Surfing                           | <input type="checkbox"/> Wave Maker                        |
| <input type="checkbox"/> Other:                            |  |

### STUNTS

- |   |  |
|---|--|
| <input type="checkbox"/> Air Rams               | <input type="checkbox"/> High Fall                       |
| <input type="checkbox"/> Body Burn (partial)    | <input type="checkbox"/> Slide for Life                  |
| <input type="checkbox"/> Body Burn (full)       | <input type="checkbox"/> Vehicle Jumps / Crashes / Chase |
| <input type="checkbox"/> Descender / Cable Work |  |
| <input type="checkbox"/> Other:                 |  |

### AERIAL SEQUENCE

- |   |   |
|---|---|
| <input type="checkbox"/> Fixed-wing Aircraft      | <input type="checkbox"/> Hot Air Balloon                |
| <input type="checkbox"/> Hang Gliding             | <input type="checkbox"/> Parasail                       |
| <input type="checkbox"/> Helicopter               | <input type="checkbox"/> Unmanned Aerial System (Drone) |
| <input type="checkbox"/> Helicopter External Load | <input type="checkbox"/> Skydiving                      |
|   | <input type="checkbox"/> Other:                         |

### SPRAY FOAM APPLICATION

- |  |
|--|
| <input type="checkbox"/> Spray Foam Application        |
| <input type="checkbox"/> Foam Block / Hot Wire Cutting |
| <input type="checkbox"/> Other:                        |

### UNUSUAL LOCATIONS/ACTIVITIES

- |   |  |
|---|--|
| <input type="checkbox"/> Airport              | <input type="checkbox"/> Power Plant                           |
| <input type="checkbox"/> Amusement Park Ride  | <input type="checkbox"/> Prison                                |
| <input type="checkbox"/> Borders              | <input type="checkbox"/> Quarries                              |
| <input type="checkbox"/> Carnivals            | <input type="checkbox"/> Rail Trolley                          |
| <input type="checkbox"/> Caves                | <input type="checkbox"/> Rivers/Lakes/Dams/Ocean               |
| <input type="checkbox"/> Demolition           | <input type="checkbox"/> Rooftop                               |
| <input type="checkbox"/> Desert               | <input type="checkbox"/> Shipyard                              |
| <input type="checkbox"/> Farms                | <input type="checkbox"/> Storm Chasing                         |
| <input type="checkbox"/> Grading / Excavation | <input type="checkbox"/> Subway/Underground                    |
| <input type="checkbox"/> High rise building   | <input type="checkbox"/> Train Yard                            |
| <input type="checkbox"/> Historical Site      | <input type="checkbox"/> Trenching                             |
| <input type="checkbox"/> Hospitals            | <input type="checkbox"/> Unusual Weather (Freezing/Hot/Wet)    |
| <input type="checkbox"/> Junkyards            | <input type="checkbox"/> Warehouse                             |
| <input type="checkbox"/> Military Base        | <input type="checkbox"/> Wilderness Area/State or Federal Park |
| <input type="checkbox"/> Mines                |  |
| <input type="checkbox"/> Mountains            | <input type="checkbox"/> Other:                                |
| <input type="checkbox"/> Oil Refinery/Factory |  |

### ANIMALS & WILDLIFE

- |  |  |
|--|--|
| <input type="checkbox"/> Large predators: lions, bears, crocodiles, etc. | <input type="checkbox"/> Venomous animals: snakes, insects, etc. |
| <input type="checkbox"/> Other:  |  |

### GENERAL SAFETY NOTE:

- ☐ **Check here if you need a copy of your Production Safety Guidebook.**



## PRODUCTION ACTIVITY NOTIFICATION CHECKLIST

[illegible]

# EMERGENCY ACTION PLAN

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Prior to operation, each location is evaluated and emergency action procedures are established. This Emergency Action Plan is designed to meet the requirements of the Canadian OH&S Act. It includes the following:

## **Emergency Escape Procedures**

Emergency escape routes will be identified in advance based on location design and operation. Escape route will be communicated to employees before work begins at a new location or when such routes are changed. Employees will be directed to assemble at a large open space away from the emergency site. If not otherwise stated herein, normally, the base camp will be used if it is reasonably accessible.

- **EVACUATION ROUTE:** \_\_\_\_\_
- **SAFE ASSEMBLY AREA:** \_\_\_\_\_

In the event of an emergency, employees will be alerted by means of a verbal announcement. Department Heads and other Supervisors will communicate by two-way radios. They will then communicate to their employees. All employees will evacuate immediately, unless given other directions (such as to take shelter).

## **Procedures to Account for Employees**

Department Heads are responsible for knowing which employees are present on-site and for accounting for all employees in their department at the designated assembly site. Department Heads will also be responsible for any visitors or contract employees under their direction. If filming at this location, Department Heads shall report anyone unaccounted for to the AD department via two-way radio. Otherwise, report unaccounted for employees to emergency responders and to the production manager.

## **Rescue and Medical Personnel**

Each location has a first aid attendant. Before shooting begins, the local hospital is notified and made aware of the types of operations to be conducted and potential emergency scenarios. In the event that a stunt or special effect gag is to be conducted, fire personnel and/or an ambulance may be present, as appropriate. Additional equipment, appropriate to respond to potential emergencies arising from the stunt or special effect, will be available on-site, as needed.

## **Means of Reporting Fires or Other Emergencies**

Means to report fires or other emergencies are established in advance.

In the event of a fire, chemical spill or other emergency, **911** will be called immediately, unless fire department personnel are on-site, in which case fire department personnel will call for backup as they determine is necessary.

In the event of a medical emergency, the first aid attendant will be called using a two-way radio. Two-way radios are widely distributed for emergency and other purposes. Generally, the Set Medic will determine whether **911** should be called. (**911** may be called immediately if circumstances warrant.)

The location of the local hospital and emergency contacts are listed on the call sheet and/or other documents

readily available to cast, crew and other production personnel. Emergency contact information is also provided below.

### **Production Operations**

**No employees will remain to address production operations. All employees will evacuate immediately.**

### **EMERGENCY CONTACT INFORMATION**

<b>Job Title</b>	<b>Contact Name</b>	<b>Cell Number</b>
<b>UPM</b>		
<b>1st AD</b>		
<b>Special Effects Supervisor</b>		
<b>Production Safety Representative</b>		

### **LOCAL FIRE DEPARTMENT**

<b>Department:</b>	
<b>Phone Number:</b>	<b>Emergency: 911</b>

### **AMBULANCE**

<b>Department:</b>	
<b>Phone Number:</b>	<b>Emergency: 911</b>

### **LOCAL POLICE DEPARTMENT**

<b>Department:</b>	
<b>Phone Number:</b>	<b>Emergency: 911</b>

### **NEAREST HOSPITAL**

<b>Address:</b>	
<b>Phone Number:</b>	<b>Distance from set:</b>

In the event of a major emergency that requires the evacuation of a production location, Emergency Contacts are to perform the following and contact the Paramount 24/7 Global Security Operations Center at (323) 956 5155 or [GSOC@Paramount.com](mailto:GSOC@Paramount.com).

# FIRE PREVENTION PLAN

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## Purpose

The purpose of this Fire Prevention Plan is to identify potential fire hazards and measures taken to prevent a fire from occurring and to control the ignition and spread of fires. All employees, supervisors, and managers are expected to follow the procedures outlined in this plan.

## Authority

- In an effort to prevent fires and explosions and minimize the damage if they occur, building owners and occupiers are required to develop and implement an effective a Fire Safety Plan conforming to:
- 

## Potential Fire Hazards

- Electrical equipment, hydraulic fluid, motorized vehicles, compressed gases, portable gasoline powered equipment, welding, cutting, grinding, wood, wood products, sawdust, paints and solvents, etc.
- If applicable, all hot work and/or fire effects will be conducted with the approval of the local Fire Services. All necessary permits will be in place for said work.

## Fire Control Measures

- Proper ventilation and housekeeping will be employed to minimize the potential buildup of flammable gases and sawdust or other combustible wastes.
- All welding, cutting and grinding will be limited to designated areas that are separated from other mill and shop areas.
- All flammable materials will be stored when not in active use in appropriate fireproof cabinets.
- In the event of a fire, local Fire Services (911) will respond.
- Fire Extinguishers will be available, as appropriate.
- Any additional fire prevention measures as deemed necessary by the local Fire Services (authority having jurisdiction).

## Responsible Persons

Job Title	Contact Name	Cell Number
UPM		
1st AD		
Special Effects Supervisor		
Production Safety Representative		

A safety meeting will be held for all affected crew at the start of the workday to convey the scope of the day's work, safety precautions taken and emergency evacuation procedures. This program is located **IN THE AD TRAILER ON LOCATION, PRODUCTION OFFICE** and is available for review upon request from **the AD DEPT OR PRODUCTION OFFICE**. In the event of a major emergency that requires the evacuation of a production location, Emergency Contacts are to perform the following and contact the Paramount 24/7 Global Security Operations Center at (323) 956 5155 or [GSOC@Paramount.com](mailto:GSOC@Paramount.com).

## EMPLOYEE WARNING REPORT

Any employee, regardless of position or title, who knowingly or negligently violates safety rules or practices, or engages in behavior that could result in property damage, personal injury, or injury to others, may be subject to disciplinary action, up to and including, termination of employment. Potential disciplinary actions for violations of safe work practices will be determined on a case by case basis.

It is the responsibility of everyone to make every effort to ensure a safe work environment for all involved.

Production Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date and Time of Violation: \_\_\_\_\_

Location of Violation: \_\_\_\_\_

Description of Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ First Offense

☐ Second Offense

☐ Third Offense

☐ Retraining

☐ Written Reprimand

☐ Suspension

☐ Termination

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Filed by (Name): \_\_\_\_\_ Job Title: \_\_\_\_\_

Date Discussed with Employee: \_\_\_\_\_

I (the employee) understand that safety rules and practices are necessary to reduce accidents and injuries on the job. Safe behavior on the job not only protects me, but my fellow workers as well. It is also understood that my employer, by law, must impose disciplinary procedures, which could include termination.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# HAZARD NOTIFICATION FORM

This form is to be used by Cast and Crew members to report any potential hazards or unsafe acts or conditions observed. Submit the form to your immediate supervisor, First AD, UPM or the Production Safety Representative. *The reporting person may remain anonymous. You may also contact the Studio Safety Hotline @ (323)956-SAFE (7233)*

Production Title: \_\_\_\_\_

Date Observed: \_\_\_\_\_ Time Observed: \_\_\_\_\_

Location (be specific): \_\_\_\_\_

Describe Hazard or Unsafe Condition or Act:

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Action Taken: (note any immediate action taken to minimize risk)

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Suggestions for Corrective Action:

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USE REVERSE SIDE IF NECESSARY

## Injury and Illness Report Form

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**IIRF Page 2 Placeholder**





**IIRF Page 3 Placeholder**



# SUPERVISOR INCIDENT INVESTIGATION REPORT

(This must be completed for injury/illness incidents by the Supervisor)

EMPLOYEE NAME		DEPARTMENT NAME / or NAME OF PRODUCTION / ORIGIN		
EMPLOYEE NUMBER		SUPERVISOR NAME / PHONE NUMBER		
TIME EMPLOYEE BEGAN WORK SHIFT	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE OF INCIDENT	TIME OF INCIDENT	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
EXACT LOCATION OF INCIDENT		DATE REPORTED		
OCCUPATION				
TYPE OF INJURY		INJURED BODY PART		
<b>DESCRIPTION OF THE INCIDENT</b>				
DESCRIBE HOW THE ACCIDENT OCCURRED:				
WITNESS(ES)/PHONE#				
<b>WHAT WAS THE EMPLOYEE DOING JUST BEFORE THE INCIDENT OCCURRED?</b>				
<b>WHAT CAUSED or DIRECTLY HARMED THE EMPLOYEE?</b>				
<b>WHAT ACTION(S), IF ANY, HAVE OR WILL BE TAKEN TO PREVENT A RECCURENCE?</b>				
<b>LIST ANY ADDITIONAL PERTINENT INFORMATION CONCERNING THIS INJURY/ILLNESS</b>				
REPORT COMPLETED BY:		DATE:		PHONE:
REVIEWED BY:		DATE:		PHONE:

## SAFETY MEETING ATTENDANCE FORM

Use this form to document safety meetings and return to the Production Office			
<b>Production:</b>		<b>Location:</b>	
<b>Conducted by Name/Title:</b>			
<b>Date:</b>		<b>Tool Box Talk Topic:</b>	
<b>Sign-In Sheet</b>			
	<b>Print Name</b>	<b>Sign Name</b>	<b>Job Description/Local</b>
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18.			
19.			
20.			

## RIGHT OF REFUSAL OF MEDICAL AID

**PRODUCTION NAME:** \_\_\_\_\_

*I 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ANONYMOUS SAFETY REPORT FORM

Submit to form to the 1st AD, UPM, or the Production Safety Representative to anonymously report a safety concern. You may also report a concern by calling the SAFETY HOTLINE (323) 956-SAFE (7233). The call can be made anonymously.

PRODUCTION: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME (optional): \_\_\_\_\_

DESCRIPTION OF THE HAZARD:

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LOCATION (Be as specific as possible):

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ACTION NEEDED (Please note if any intermediate steps were taken to alleviate the hazard):

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OTHER COMMENTS (Continue on back of form if necessary):

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The Production Safety Representative will use this area to document the response.

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CORRECTIVE ACTION TO BE TAKEN (Describe who will correct the situation, what will be done and when, if any, or explanation why no corrective action is being taken.)

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## HEALTH AND SAFETY GUIDELINES FOR BACKGROUND PERFORMERS

This Production is committed to providing a safe working environment to all personnel. As part of this commitment, the Production has prepared a written Occupational Health and Safety Program (The Production Safety Guidebook) that addresses various health and safety issues. A copy of the PRODUCTION SAFETY GUIDEBOOK is maintained in the Production Office and the AD trailer and is available for review upon request. The following general health and safety guidelines have been prepared to provide basic health and safety information for all background performers.

Additional health and safety information or training, as appropriate, will be provided during the Production as specified in the Production Safety Guidebook.

1. Your Supervisor is the **2<sup>nd</sup> Assistant Director** (2<sup>nd</sup> AD), or his/her designee. If you have any questions regarding the Productions safety programs, you should consult with your Supervisor.
2. It is the responsibility of everyone to make every effort to ensure a safe work environment for all involved.
3. Every employee, including each background performer, is responsible for complying with the requirements of the PRODUCTION SAFETY GUIDEBOOK and other Production and departmental safety practices and procedures. Each employee should:
  - Have a positive attitude toward safety and health;
  - Participate in all required safety sessions;
  - Perform assigned job duties in accordance with all safety instructions; and
  - Assist/cooperate, if requested, in workplace incident investigations.
4. Disregard of safe work practices or horseplay, scuffling and other acts adverse to the safe performance of work will not be tolerated. Any person found in violation of a safety rule or guideline may be subject to disciplinary action, up to and including termination. Potential disciplinary actions for violations of safe work practices will be determined on a case by case basis.
5. The Production has an inclement weather program that is to be put in place whenever there is a potential for thunderstorms, lightning, flash floods, extreme winds, hail, tornados, hurricanes and extreme heat or cold weather. When the inclement weather program is implemented specific instructions will be provided.
6. **KNOW THE EMERGENCY PROCEDURES FOR EACH LOCATION.** The Emergency Action Plan for each Production location is posted on the safety board and attached to the call sheet. Familiarize yourself with the location of emergency exits and safe assembly areas. Notify your Supervisor<sup>1</sup> if you are unaware of emergency procedures for your work area. All unsafe acts or conditions must be reported to your Supervisor or the AD Department immediately.
7. All identified potential hazards should be addressed to prevent possible injury. No person is

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<sup>1</sup> The term "Supervisor" as used in this document referees solely to the concept within WorkSafeBC regulations to the person responsible for directing the activities of the background performer and is not intended to create any additional employer employee relationship

required to perform work activities that he/she feels places them in personal danger or expose them to uncontrolled hazards that may result in personal injury or illness. Report any hazards to either to your Supervisor, the AD Department, the Production Safety Representative, or the Unit Production Manager. There will be no reprisal or disciplinary action for reporting unsafe conditions or work practices.

**To anonymously report safety concerns, call the Safety Hotline (323) 956-SAFE (7233).**

8. Report all injuries and accidents, **no matter how minor**, to your Supervisor or the set medic immediately so proper medical or first aid treatment can be arranged. All accidents and injuries must be reported on the day of occurrence to allow the cause of the injury or accident can be investigated and corrective measures can be taken to prevent similar accidents in the future.
9. If you are taking prescribed medication that may impede your ability to perform your job safely, please notify and discuss with your Supervisor. Medications should be used only under the direction of your doctor. The use of illegal drugs and alcohol are strictly prohibited while working.
10. All personnel shall remain in designated areas of the set, base camp or location. No person should leave the location, even temporarily, unless they have communicated with and received permission from their Supervisor.
11. Industry Safety Bulletins which provide guidelines on a wide range of subjects relevant to filmed entertainment are available from the AD Department and the Production Office. Any specific Safety Bulletins that are applicable to current production activities will be posted or otherwise made available. The Safety Bulletins are guidelines. They are not binding laws or regulations. Where applicable, Federal, State and/or local requirements supersede the information or practices included in the Safety Bulletins.
12. Personnel will be made aware of general location safety concerns, including extreme weather conditions, dangerous plants and/or animals, and geographic layouts that may present additional safety concerns.
13. All personnel have the right to request and receive safety and health information relating to hazardous substances found in the work place. The most common method of communicating information is a *Safety Data Sheet (SDS)*. SDSs are available from the AD Department upon request.
14. Smoking is prohibited on stage or inside buildings (including e-cigarettes). Smoking is only permitted in designated smoking areas. Smoking materials must be extinguished in appropriate receptacles.
15. Only trained and authorized personnel may use, handle, operate or move tools, equipment and machinery.
16. NEVER attempt to alter, modify, displace, disable or remove any existing safety equipment such as guards and switches. Obey all warning signs or barriers. Any required personal protective equipment (PPE) must be worn and may not be modified or tampered with.



# PRODUCTION SAFETY INFORMATION

**ALL HEALTH AND SAFETY CONCERNS MAY BE REPORTED ANONYMOUSLY BY  
CALLING THE PRODUCTION SAFETY HOTLINE AT (323) 956-SAFE (7233)**

This production is committed to, and supports the Occupational Health & Safety Program (OH&S) at all production locations. We urge each employee to join us in recognizing that an effective safety program requires the commitment and participation of every employee. A copy of the company's full Production Safety Guidebook is available from the production office.

## **EMPLOYEE SAFETY RESPONSIBILITY**

Every employee is responsible for complying with the safety procedures and policies. Each employee should:

- Have a positive attitude toward safety and health;
- Participate in all required training classes or sessions;
- Perform assigned job duties in accordance with the prescribed safety practices and procedures;
- Report to his/her supervisor potential hazards in the workplace, injuries, and/or accidents without fear of reprisal; and
- Assist/cooperate in workplace incident investigations.

Employees' disregard of safe work practices will not be tolerated. Any employee found in violation of a safety rule or guideline may be subject to disciplinary action, up to and including, termination of employment. Potential disciplinary actions for violations of safe work practices will be determined on a case-by-case basis.

It is the responsibility of everyone to make every effort to ensure a safe work environment for all involved.

**REPORT ALL INJURIES, ILLNESSES, OR UNSAFE CONDITIONS, IMMEDIATELY  
TO YOUR DEPARTMENT HEAD/SUPERVISOR, 1st AD, UPM, PRODUCTION  
SAFETY REPRESENTATIVE, OR CALL**

**THE PRODUCTION SAFETY HOTLINE (323) 956-SAFE (7233).  
THIS CALL CAN BE MADE ANONYMOUSLY**

## Fall Protection Plan

Planning plays a key role in protecting workers from fall hazards. The fall protection plan template below is provided to assist in the planning process. Employers should ensure that fall protection plans are

- Designed and completed to address site-specific conditions
- Compliant with the WorkSafeBC Regulation

Site address:		Start date:
Site description:		Employer:
Work area:		
Tasks:		

### Site-specific fall hazards *(see diagram on page 2 for more details)*

Max. height (peak):	Max. height (eaves):	Max. height (other):
Roof slope(s), if applicable:		
Proximity to high voltage power lines:		
Ground cover/hazards:		
Other/comments:		

### Type of fall protection to be used *(see definitions on page 3)*

<input type="checkbox"/> Fall restraint	<input type="checkbox"/> Fall arrest	<input type="checkbox"/> Temporary guardrail system
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### Equipment inspection

Item	Comment/defect	Item	Comment/defect
<input type="checkbox"/> Full body harness		<input type="checkbox"/> Anchors	
<input type="checkbox"/> Vertical/Horizontal lifelines		<input type="checkbox"/> Ladders	
<input type="checkbox"/> Lanyards		<input type="checkbox"/> Ladder hoist	
<input type="checkbox"/> Rope grabs		<input type="checkbox"/> Toeboards	
<input type="checkbox"/> Parapet Clamps		<input type="checkbox"/> Temp. Guardrails	

Prior to accessing the work location

Checklist	Comments
<input type="checkbox"/> Medic on site	
<input type="checkbox"/> Safety equipment/PPE available	
<input type="checkbox"/> Barricades in place	
<input type="checkbox"/> ANSI safety footwear for ground work	

Site roof diagram *(include anchor locations)*

A large grid for drawing a site roof diagram. The grid is composed of 30 columns and 30 rows of small squares, providing a space for technical drawing and marking anchor locations.

Ladder setup

<input type="checkbox"/> Set up on a firm, level base	<input type="checkbox"/> Extends approx. 3 feet past edge of roof
<input type="checkbox"/> Setup 4:1 (vertical:horizontal)	<input type="checkbox"/> Secured/tied off

Fall protection system special assembly procedures

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Rescue procedures for a fallen worker

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Fall protection definitions

- **Fall restraint** means a system to prevent a worker from falling from a work position, or from travelling to an unguarded edge from which the worker could fall.
- **Fall arrest** means a system that will stop a worker’s fall before the worker hits the surface below.
- **Guardrail** means a guard consisting of a top rail 102 cm to 112 cm (40 in. to 44 in.) above the work surface, and an intermediate rail located approximately midway between the underside of the top rail and the top of the toe board, if one is provided, or the work surface if no toe board is provided.

Notes

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## Worker sign-off

By signing below, I acknowledge that I have reviewed the fall protection requirements and procedures for this site with my supervisor and understand my responsibilities, specifically the requirement to use personal fall protection.

Name: (please print)	Signature:	Company:
1.		
2.		
3.		
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10.		
11.		
12.		
13.		

Supervisor: \_\_\_\_\_ (signature) Date: \_\_\_\_\_

### Production Safety Department:

Production Safety Hotline: (323) 956-SAFE (7233)

#### Production Safety Contact List. Safety Hotline (323) 956-SAFE (7233)

Contact	Position	Office Number	Cell Number	Email Address
Allison Dillard	SVP		(323) 273-6524	allison.dillard@paramount.com
Ben Jensen	Executive Director		(910) 367-2167	ben_jensen@paramount.com
Dan Harder	Director	(323) 956-8023	(818) 486-9926	dan_harder@paramount.com
Dustin Catindig	Director	(323) 956-8331	(818) 726-4613	dustin_catindig@paramount.com
Kerry Ann Jaggassar, CIH, CSP	Director		(323) 816-7668	kerryann_jaggassar@paramount.com
Jena Lenzi	Director		(778) 321-5362	jena_lenzi@paramount.com
Brandon Demchak	Manager		(805) 266-8037	brandon.demchak@paramount.com
Chris Velvin	Vice President		(424) 280-9674	chris.velvin@paramount.com

Production Safety Website (under construction): <http://www.safety.paramount.com>

The production safety website can be used to find printable versions of the Production Safety Program, Safety Bulletins, Toolbox talks, and other links to safety material you will need to utilize during production.

# INCLEMENT WEATHER PROGRAM

## WORKING IN EXTREME WEATHER CONDITIONS

### PURPOSE

The Working in Extreme Weather Conditions Program is designed to assist production in identifying and communicating how to deal with most weather conditions to provide solutions for the protection of a worker. This includes developing cold environment policies and procedures to protect workers.

### WORKING IN EXTREME COLD CONDITIONS

Working in cold weather can be hazardous to workers' health and safety and can lead to cold stress and/or cold related injuries. Cold stress is a condition affecting the human body caused by the conditions that cause the core body temperature to fall below 36° C (96.8° F or cause cold related injury to exposed skin.

Cold stress often causes symptoms that can affect individuals, causing numbness, frostbite, hypothermia or death.

In addition, the effects of cold temperatures may adversely impact performance and safety on the job in the following ways:

- Endurance, strength, and physical power are decreased greatly in response to cold extremes. These diminished responses can limit your ability to respond quickly in an emergency or make you more subject to injury.
- Manual dexterity and tactile sensitivity decline sharply when the body is exposed to cold environments.
- Mental performance, including complex thinking, information processing, and memory retention, can become impaired when the body core temperature drops.

Workers may be required to work in cold environments for extended periods. Like all hazards, the best methods of protection are awareness and planning. Recognition of risk factors and prevention tactics are critical to reducing the risk of cold stress illnesses on the job.

The following procedures are recommended for all work in extreme cold conditions, and are intended to assist employers, workers, and other workplace personnel to be prepared, and understand the effects of extreme temperatures on the body, and with proper awareness and pre-planning, these hazards can be eliminated.

### CHALLENGES TO WORKING IN COLD TEMPERATURES

A cold environment challenges workers in three ways: by air temperature, air movement (wind speed), and humidity (wetness). In order to work safely, these challenges have to be counterbalanced by proper insulation (layered protective clothing), by physical activity and by controlled exposure to cold (work/rest schedule).

Working in extreme cold may stress a person's heating system. When cold is combined with other stresses such as hard physical work, loss of fluids, fatigue or some medical conditions, it may lead to cold-related illness, disability and even death.

At very cold temperatures, the most serious cold related illness is hypothermia or dangerous overcooling of the body. Other serious effects of cold exposure are frostbite and trench foot.

The information on the following pages is to provide you with the tools to identify the warning signs and symptoms of hypothermia, frostbite and trench foot.

## Common Types of Cold Illnesses

### HYPOTHERMIA

Hypothermia occurs when body heat is lost at a faster rate than it can be replaced. If the body temperature falls to around 85° F, severe hypothermia will develop and the person may lose consciousness; at core temperatures of 78° F, the condition may be fatal.

Layering clothing and staying dry can help to prevent hypothermia.

Symptoms of hypothermia can vary, depending on duration of exposure to the cold.

Early Hypothermia Symptoms:

- Shivering
- Fatigue
- Loss of coordination
- Confusion and disorientation

Late Hypothermia Symptoms:

- No shivering
- Blue skin
- Dilated pupils
- Slowed pulse and breathing
- Loss of consciousness

Hypothermia treatment includes the following:

- Alert your department head and the medic, and request medical assistance if immediate transport is not possible.
- Immediately move the patient into a sheltered, warm area. Remove any wet clothing.
- Begin warming the center of the patient's body (chest, neck, and head) first to increase core temperature.
- Apply an electric blanket (if available) or skin-to-skin contact under layers of dry blankets, clothing, towels, or sheets.
- If the patient is conscious, you may offer warm beverages. Do not give the patient any alcohol or caffeinated drinks.
- Once the patient's body temperature has increased, keep them dry and wrapped in a warm blanket, including the head and neck.
- If the patient has no pulse, begin cardiopulmonary resuscitation (CPR).

## FROSTBITE

Frostbite is a condition where the skin actually freezes and loses water. Wind chill factors can increase the risk of frostbite in freezing temperatures. Typically, the extremities are affected. Symptoms include cold, stinging or tingling skin, which is followed by numbness. The skin turns red, then purple, and, finally, white or waxy, indicating possible tissue death. Amputation may be necessary for severe cases. Monitoring wind chill, staying dry, and keeping extremities (including face, fingers, and ears) covered are vital in preventing frostbite.

Symptoms of frostbite include the following:

- Reduced blood flow to hands and feet (fingers or toes can freeze)
- Numbness
- Tingling or stinging
- Aching
- Bluish or pale, waxy skin

Frostbite treatment includes the following:

- Move the patient into a warm location as soon as possible.
- Do not allow the patient to walk on frostbitten feet or toes, unless absolutely necessary. Walking on frostbitten feet increases tissue damage.
- Use warm water to immerse the affected area. Do NOT use snow or hot water for this purpose.
- Apply body heat to warm the affected area, such as placing fingers under an armpit.
- Never rub or massage the frostbitten area. Frostbitten areas are numb and the tissue is fragile and easily burned. Avoid using a heating pad, a heat lamp, or the heat of a stove, fireplace, or radiator for warming.

## TRENCH FOOT

Trench foot is caused by immersion of the feet into cold water for extended periods at temperatures. Though similar to frostbite, trench foot is considered less severe in the early stages. Tingling, itching, or burning sensations are usual symptoms. In an effort to prevent heat loss, the body limits circulation to these cold, wet extremities, thus limiting oxygen and nutrients to the tissues of the foot and leg. In later stages, tissue death and gangrene may occur. According to the CDC, trench foot can occur at temperatures as high as 60° F if the feet are constantly wet.

Symptoms of trench foot include the following:

- Reddening of the skin
- Numbness
- Leg cramps
- Swelling
- Tingling pain
- Blisters or ulcers
- Bleeding under the skin



- Gangrene (the foot may turn dark purple, blue, or gray)

Trench foot treatment includes the following:

- Remove wet shoes or boots and wet socks.
- Dry the patient's feet.
- Avoid permitting the patient to walk, as this causes tissue damage.

Although emergency medical responders are trained to recognize symptoms of possible overexposure, often these and other cold stress conditions are difficult to detect by the patient. Numbing, euphoria, and slowing of mental function are common effects of cold-related conditions that impair judgment.

**Employers should never allow employees to perform jobs or tasks alone in cold conditions. Use the buddy system and observe co-workers for signs of cold stress.**

### PERSONAL RISK FACTORS

Everyone responds to cold exposure differently. Numerous individual factors influence the effect of cold exposure on a particular person.

Personal risk factors include the following:

- Medications, including anti-depressants, sedatives, and tranquilizers
- Alcohol, caffeine, and nicotine intake
- Pre-existing medical conditions, such as diabetes, blood vessel disease, arthritis, infection, and malnutrition
- Physical fatigue, which can impair shivering and increases the risk of hypothermia
- Age: older persons are not able to generate heat as well as younger individuals, which makes seniors more prone to the effects of cold
- Lack of adjustment period to the temperature difference
- Body size/fat: tall, slender people generally lose heat faster than those with denser frames
- Gender: heat loss in women tends to be more significant

### Preventive Measures

Choosing the correct protective clothing and appropriately layering it is one of the most effective ways to avoid cold-related stress. For cool weather, select wool, synthetics, or silk materials, which have consistent insulating features, as cotton loses heat retention qualities if it becomes wet. In extreme cold, workers should wear at least three layers of clothing.

Light-weight fabrics should not affect mobility. Start with an inner layer of wool, silk, or synthetic material, which wicks moisture away from the body. Choose a middle layer of synthetic or wool to insulate. Follow this with an outer layer that permits protection and ventilation to inhibit overheating. Other than the layer against your skin, keep the remaining layers loose.

The following are additional recommendations for working in cold environments:

- Keep your head covered with a hat or a hood.
- Where possible, stay moderately active when outdoors (stand up, walk, and move arms to stay warm).

- Choose insulated boots or other insulated footwear.
- Always have a complete dry change of clothing available (including gloves, socks, and jacket).
- Take frequent breaks from the cold.
- Work in pairs. Watch your partner for signs of cold stress, including shivering, slurred speech, lethargy, numbness, red or pale cool skin, and loss of dexterity.
- Stay hydrated. Drink water and hot (caffeine-free) sugary drinks.
- Avoid smoking, caffeine, and alcohol prior to working in the cold to reduce the risk of injury.
- Consume warm, high-caloric-content foods that cause the body to maintain energy and heat.

## GUIDELINES FOR COLD STRESS PREVENTION

The employer should implement a cold stress prevention program that establishes:

1. **Worker training** in the hazards, health effects and prevention of cold related illness including recommended PPE (personal protective equipment).
2. **Criteria or monitoring method** (e.g. acting on wind chill warnings or cold alert notices by Environment Canada or measuring wind speed, and air temperature);
3. **A monitoring/sampling plan** (e.g. when, where and what to measure or monitor);
4. **Responses or preventative measures** (e.g. dressing in proper layers of clothing, acclimatizing workers to working conditions and required protective clothing, establishing warm-up schedule, provide warm shelter, use buddy system, suitable equipment, pace of work to avoid sweating or low activity);
5. **A plan to provide warm sweet drinks, and soups** (increases caloric intake and prevents dehydration which may increase risk of cold injury); and
6. **First aid and emergency responses**, including monitoring worker's symptoms, and investigating incidents of cold related illnesses.

## What is the wind chill temperature?

At any temperature, you feel colder as the wind speed increases. The combined effect of cold air and wind speed is expressed simply as the "wind chill" temperature in degrees Celsius or Fahrenheit. It is essentially the air temperature that would feel the same on exposed human flesh as the given combination of air temperature and wind speed. It can be used as a general guideline for deciding clothing requirements and the possible health effects of cold.

In Canada, the term "wind chill" or "wind chill index" is used. This factor is a measurement of a heat loss rate caused by exposure to wind and is expressed in temperature-like units.

Environment and Climate Change Canada have produced a [Wind Chill Calculator](#) and guides to help estimate wind chill and wind speed.

**For working populations, the American Conference of Governmental Industrial Hygienists (ACGIH) also provide recommendations. These recommendations were developed to protect workers from the severest effects of cold stress (hypothermia) and cold injury. The recommendations also describe exposures to cold working conditions under which it is believed nearly all workers can be repeatedly exposed without adverse health effects. Included in these recommendations is the following wind chill chart.**

Table 1

WIND CHILL CHART										
		Ambient Temperature (°C)								
		4	-1	-7	-12	-18	-23	-29	-34	-40
Wind km/h	Velocity mph	Equivalent Chill Temperature (°C)								
Calm										
0	0	4	-1	-7	-12	-18	-23	-29	-34	-40
8	5	3	-3	-9	-14	-21	-26	-32	-38	-44
16	10	-2	-9	-16	-23	-30	-35	-43	-50	-57
24	15	-6	-13	-20	-28	-36	-43	-50	-58	-65
32	20	-8	-16	-23	-32	-39	-47	-55	-63	-71
40	25	-9	-18	-26	-34	-42	-51	-59	-67	-76
48	30	-16	-19	-22	-36	-44	-53	-62	-70	-78
56	35	-11	-20	-29	-37	-46	-55	-63	-72	-81
64	40	-12	-21	-29	-38	-47	-56	-65	-73	-82

Adapted from: Threshold Limit Values (TLV™) and Biological Exposure Indices (BEI™) booklet; published by ACGIH, Cincinnati, Ohio

**Little danger** in less than one hour exposure of dry skin

**DANGER** – Exposed flesh freezes within one minute

**GREAT DANGER** – Flesh may freeze within 30 seconds

**Maximum danger** of false sense of security

### Are there regulated exposure limits for working in cold environments?

In Canada, the legislation from some jurisdictions provide a [range of acceptable temperatures](#) for specific circumstances. In other cases, occupational health and safety jurisdictions use the Threshold Limit Values® for cold stress as published by the American Conference of Governmental Industrial Hygienists (ACGIH). Some Canadian jurisdictions have adopted these TLVs as occupational exposure limits and others use them as guidelines.

Where there are no maximum exposure limits for cold working environments, there are guidelines that can be used to conduct work/task assessments, create safe work plans, and monitor conditions to protect the health and safety of workers who may be exposed to cold temperatures. Where there are differences between the recommendations made by various organizations (and where there are no established limits or guidelines from your jurisdiction), employers are encouraged to choose a system that best provides protection for their workforce.

For example, the “work warm-up schedule” provides guidance on warm-up breaks that may be needed when working in cold conditions. As the wind increases or as the temperature decreases, additional breaks should be taken (which shortens the length of time when working in the cold). Consider having warm-up breaks when the temperature reaches -26 °C (-15 °F) and when the winds are 16 km/h (10mph) or greater. All non-emergency work should be stopped at temperatures of -43 °C (-45°F) if there is no noticeable wind.

Refer to Table 2 on the following page for other scenarios when non-emergency work should be stopped.

Table 2

THRESHOLD LIMIT VALUES WORK/WARM-UP SCHEDULE FOR FOUR-HOUR SHIFT *																							
Air Temperature Sunny Sky		No Noticeable Wind		5 mph Wind		10 mph Wind		15 mph Wind		20 mph Wind													
° C (approx)	° F (approx)	Max. Work Period	No. of Breaks	Max. Work Period	No. of Breaks	Max. Work Period	No. of Breaks	Max. Work Period	No. of Breaks	Max. Work Period	No. of Breaks												
-26° to -28°	-15° to -19°	(Norm breaks) 1		(Norm breaks) 1		75 min.	2	55 min.	3	40 min.	4												
-29° to -31°	-20° to -24°	(Norm breaks) 1		75 min.	2	55 min.	3	40 min.	4	30 min.	5												
-32° to -34°	-25° to -29°	75 min.	2	55 min.	3	40 min.	4	30 min.	5	Non-emergency work should cease ↓													
-35° to -37°	-30° to -34°	55 min.	3	40 min.	4	30 min.	5	Non-emergency work should cease ↓															
-38° to -39°	-35° to -39°	40 min.	4	30 min.	5	Non-emergency work should cease ↓																	
-40° to -42°	-40° to -44°	30 min.	5	Non-emergency work should cease ↓																			
-43° to below	-45° & below	Non-emergency work should cease																					

Source: Adapted from Threshold Limit Values (TLV) and Biological Exposure Indices (BEI) booklet: published by ACGIH, Cincinnati, Ohio, 2017, page 217.

#### Notes/Considerations:

1. Applies to moderate to heavy physical work in any 4-hour period.
2. Warm-up breaks should be in a warm environment for 10 minutes.
3. Norm breaks means the normal break after 2 hours of work.
4. Guidelines apply to workers wearing dry clothing.
5. If there is limited physical activity, apply the schedule one step lower (more protective).

Note: ACGIH has published a “notice of intended change” for their recommendations for cold stress. These changes are not yet formally adopted but can be reviewed in the Threshold Limit Values (TLV) and Biological Exposure Indices (BEI) booklet as published by ACGIH, Cincinnati, Ohio, 2017.

#### ADDITIONAL USEFUL REFERENCES

References from CCOHS (Canadian Centre for Occupational Health and Safety) include:

- Cold Environments - Working in the Cold  
[http://www.ccohs.ca/oshanswers/phys\\_agents/cold\\_working.html](http://www.ccohs.ca/oshanswers/phys_agents/cold_working.html)
- Cold Environments - Health Effects & First Aid  
[http://www.ccohs.ca/oshanswers/phys\\_agents/cold\\_health.html](http://www.ccohs.ca/oshanswers/phys_agents/cold_health.html)