|  |  |
| --- | --- |
| **Assignment Name** | *Film Fiction* |
| **Programme Title** | *Name of your Film* |
| **Group members** |  |
| **Originator** | *Who is responsible for making the document* |
| **Date** |  |



**Risk Assessment**

|  |
| --- |
| **Production Dates:** |
| **Date(s) The Risk Assessment Applies to:** |
| **Location:** |
| **Location Address** |
| **Director: Tel:** |
| This Form must be completed and safety precautions implemented before your production can take place |
| Tick All Hazards Identified |

|  |  |  |
| --- | --- | --- |
| Aircraft | Animals | Noise |
| Hydraulic Hoist | Audience/Public | Speed |
| Lasers/Bright Lights | Confined Spaces | Vehicles |
| Location Lighting | Hazardous Substances/  Chemicals | Water |
| Scaffolds/Rigging | Derelict Buildings | Weather |
| Stunts | Dangerous Environment | Night Shooting |
| Visual Effects/Smoke | Electrical Cables | Working at Heights |
| Fake Weapons | Fire/Flammable Material | Other (specify) |
| Generators | Glass |  |
| Inexperienced/Child/  Disabled Person | Machinery |  |
| Lifting Appliances | Heat/Cold |  |
| **For each hazard Identified, details must be recorded on the reverse side of this form.** | | |

|  |  |  |
| --- | --- | --- |
| **Details of Activity** | **Hazards Identified and Risks Arising** | **Action Required** |
| *Location lighting* | *Risk to lights being left on for too long and starting a fire. Potential burn risk to cast and crew too.* | *Make sure all lights are switched off at regular intervals. Crew to wear heavy duty gloves when handling lights.* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Person responsible for Safety: Tel: |

|  |
| --- |
| List any relevant Training (If Applicable): |

|  |
| --- |
| With the above precautions in place I assess the risk to be:  High [ ] Medium [ ] Low [ ]  Signature……………………… Date…………. |

N.B. One risk assessment is not enough across the whole of a production. Each new location requires a new risk assessment.