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



**Risk Assessment**

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| **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 |

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| 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.** |

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| **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.* |
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| Person responsible for Safety: Tel: |

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| List any relevant Training (If Applicable):  |

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| 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.