

Production Safety Guidebook for Motion Picture and Television

Part B – Programs

Vancouver, BC

March 2019

Prepared as a Resource for Production
The Walt Disney Company Risk Management/Safety Department
818-560-1726
<https://wdproductionsafety.com>

FORMS AND CHECKLISTS

Keep in mind that no checklist covers all possible situations, so unique circumstances might require different or additional documentation. *Risk Assessment Worksheets* should be completed in addition to the following checklists that help identify/verify necessary preparations for, potentially hazardous activities.

New and Young Worker Orientation Checklist	Form – 01BC
Joint Health and Safety Committee Minutes	Form – 02BC
Joint Health and Safety Committee Posting	Form – 03BC
Risk Assessment Worksheet	Form – 04BC
Location Hazard Assessment Checklist	Form – 05BC
Workplace Inspection Checklist	Form – 06BC
Office Inspection Checklist	Form – 07BC
Sound Stage Safety Inspection Checklist	Form – 08BC
Stunt Safety Inspection Checklist	Form – 09BC
Special Effects Safety Inspection Checklist	Form – 10BC
Production Activity Notification Checklist	Form – 11BC

NEW & YOUNG WORKER ORIENTATION CHECKLIST

This checklist is required to be completed for 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.

Signature:

Date:

JOINT HEALTH AND SAFETY COMMITTEE MINUTES

Date:

Start Time:

Adjourned:

Attendance:

(Attendees and Guests)

Worker Co-Chair:

Employer Co-Chair:

Review of Previous Meeting Minutes:

New Business:

Other Business:

Date of Next Meeting:

Co-Chair Signatures:

Distribution of Minutes: JHSC Members, All Department Heads, Notice Board, Production Office, Production Safety

FORM – 02BC

JOINT HEALTH AND 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 individuals are the members of your health and safety committee for this production:

EMPLOYEE REPRESENTATIVES:

EMPLOYER REPRESENTATIVES:

**PLEASE POST THIS LIST OF MEMBERS IN YOUR WORK AREA.
JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE MEMBERS**

FORM - 03BC

RISK ASSESSMENT WORKSHEET

Production Title:	Dates Applicable:	
Production Company:	Location Address:	
Contact:	Telephone:	E-Mail:

Brief description of the activities to be performed:

SEVERITY (S)	LIKELIHOOD (L)	RATING (R) SEVERITY + LIKELIHOOD
1 - Trivial Injury or Injuries 2 - Minor Injury or Injuries 3 - Major Injury to one person 4 - Major injury to several people 5 - Death of one person 6 - Multiple deaths	1 - Almost impossible 2 - Unlikely but could occur 3 - Possible but unusual 4 - Even chance 5 - Probable, not surprised 6 - Likely	LOW - 4 or less MED - 5 or 6 HIGH - 7 or higher

Item#	Area of Risk	Hazard	Risk Rating			Rating WITH NO CONTROL	Possible Consequences	Control Measures and PPE	Risk Rating			Rating WITH CONTROL
			S	L	R				S	L	R	
Sample	Working on roof.	Potential fall.	3	5	8	HIGH	Injury or death	Fall protection (harness, guard rails, safety line)	3	1	4	LOW
1												
2												
3												
4												

Prepared By:	Position:	Signature:	Date:
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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.

Location:	Scheduled Shooting Dates:
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Name of Assessor:	Date:
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Project:

Check each item indicating that you've considered the item and have taken appropriate steps to comply, if applicable. If action required, give brief description.

Considered <input checked="" type="checkbox"/> or N/A	Inspection Item	Action Required
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GENERAL

	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	
	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.)	

HAZARDOUS MATERIALS

	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?	

ACCESS & EGRESS

	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?	

FALL PROTECTION / CONFINED SPACE

	Are guardrails and hand railings in place on raised platforms or potentially unstable areas (e.g. cliff edges, stair cases, etc.)?	
	Are there any confined spaces or enclosed areas associated with the location, e.g. tunnels?	
	Are there areas that may require supplementary ventilation?	

ELECTRICAL

	Are there any potential live electrical hazards (exposed wiring, electrical boxes etc.) at the location?	
	Is there enough electrical output for the demand needed?	

FIRE SYSTEMS		
	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?	

WATER / WASHROOM FACILITIES		
	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.?	

SECURITY		
	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.?	

FIRST AID		
	Is there an adequate 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.?	

TRAFFIC CONTROL		
	Does traffic control need to be arranged?	

SAFETY NOTICES		
	Do safety notices or safe work practices need to be posted or attached to the call sheet?	

Signature:	Date:
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WORKPLACE INSPECTION CHECKLIST

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

Production / Department:	Location Address:
Name of Assessor:	Supervisor:
Signature:	Date Checklist Completed:

Check each item indicating that you've considered the item and have taken appropriate steps to comply, if applicable. If action required, give brief description.

Considered <input checked="" type="checkbox"/> or N/A	Inspection Item	Action Required
	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 Production Safety Program (AKA as IIPP) 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	
	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.)	

OFFICE INSPECTION CHECKLIST

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

Production / Department:	Location Address:
Name of Assessor:	Supervisor:
Signature:	Date Checklist Completed:

Check each item indicating that you've considered the item and have taken appropriate steps to comply, if applicable. If action required, give brief description.

Considered <input checked="" type="checkbox"/> or N/A	Inspection Item	Action Required
	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.	
	Copy 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

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.

Stage #:	Location:
Name of Assessor:	Signature/Date:

Check each item indicating that you've considered the item and have taken appropriate steps to comply, if applicable. If action required, give brief description.

Considered <input checked="" type="checkbox"/> or N/A	Inspection Item	Action Required
	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 Cal-OSHA 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

Production:	Production Schedule:
Location:	Signature/Date:

BASIC PROCEDURES

- | | |
|--|--|
| 1. Complete a stunt diagram on enclosed form. | 2. Have one last briefing and dry run to ensure everyone's understanding. |
| 3. Notify all personnel involved of your intention to perform a stunt. | 4. If there are any changes, review from the beginning. |
| 5. 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. | 6. Clear the set of unnecessary personnel. |
| 8. Answer any questions or respond to concerns completely. | 7. Make sure that communications are absolutely clear between everyone involved. |
| 9. Allow adequate rehearsal time. | |

DESCRIBE IN DETAIL THE STUNT TO BE PERFORMED:

Check each item indicating that you've considered the item and have taken appropriate steps to comply, if applicable. If action required, give brief description.

YES	NO	N/A	Inspection Item
<input checked="" type="checkbox"/>			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?
			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"> • Human Error • Mechanical Error • Natural acts (i.e. weather changes) • Outside Interference • Anything unexpected
			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"> • Medic/First Aid • Stunt Coordinator • Production Safety Coordinator • Assistant Directors • Security Officers • Fire Safety Officer

		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 minors are involved, have you obtained the teacher/welfare workers' approval?
		<p>Have proper arrangements been made for emergency medical services?</p> <ul style="list-style-type: none"> • Is a doctor needed on the set? • Has the nearest emergency medical facility been notified of your work? • Is a stand-by ambulance or helicopter needed?

KEY PERSONNEL

Stunt Coordinator:	Special Effects Coordinator:
Assistant Director:	First Aid:
Production Safety Advisor:	Transportation Coordinator
Local Law Enforcement/Contact Phone:	
Local Fire Department/Contact Phone:	
Signature:	Date:

PRE-PLANNED STUNT DIAGRAM

(Use additional pages as needed)

SPECIAL EFFECTS SAFETY INSPECTION CHECKLIST

Production:	Production Schedule:
Location:	Signature/Date:

BASIC PROCEDURES

<ul style="list-style-type: none"> Notify all personnel involved of your intention to use special effects. 	<ul style="list-style-type: none"> Have one last briefing and dry run to ensure everyone's understanding.
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> If there are any changes, review from the beginning.
<ul style="list-style-type: none"> Answer any questions or respond to concerns completely. 	<ul style="list-style-type: none"> Clear the set of unnecessary personnel.
<ul style="list-style-type: none"> Allow adequate rehearsal time. 	<ul style="list-style-type: none"> Make sure that communications are absolutely clear between everyone involved.

DESCRIBE IN DETAIL THE SPECIAL EFFECT TO BE PERFORMED:

Check each item indicating that you've considered the item and have taken appropriate steps to comply, if applicable. If action required, give brief description.

YES	NO	N/A	Inspection Item
<input checked="" type="checkbox"/>			Do all Special Effects personnel have proper licenses or certification 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?
		Have you planned procedures for: <ul style="list-style-type: none"> • Human Error • Mechanical Error • Natural acts (i.e. weather changes) • Outside Interference • Anything unexpected
		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 stunts: <ul style="list-style-type: none"> • Medic/First Aid • Stunt Coordinator • Production Safety Coordinator • Cast • Assistant Directors • Security Officers • Fire Safety Officer • Special Effects Coordinator
		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 minors 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"> • Is a doctor needed on the set? • Is a stand-by ambulance or helicopter needed? • Has the nearest emergency medical facility been notified of your work?

KEY PERSONNEL

Stunt Coordinator:	Special Effects Coordinator:
Assistant Director:	First Aid:
Production Safety Advisor:	Transportation Coordinator
Local Law Enforcement/Contact Phone:	
Local Fire Department/Contact Phone:	
Signature:	Date:
Form – 10BC	

PRODUCTION ACTIVITY NOTIFICATION CHECKLIST

Production:	Production Schedule:
Location:	Signature/Date:

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 scan/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.

CIRCLE APPLICABLE ACTIVITIES AND LIST DATES FOR ALL ACTIVITIES ON THE BACK OF THIS FORM

<p>FIREARMS</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Shotguns or Rifles</td> <td style="border: none;">Automatic Weapons</td> </tr> <tr> <td style="border: none;">Handguns</td> <td style="border: none;">Machine Guns</td> </tr> <tr> <td colspan="2" style="border: none;">Other:</td> </tr> </table>	Shotguns or Rifles	Automatic Weapons	Handguns	Machine Guns	Other:		<p>FIRE / PYROTECHNICS / EFFECTS</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Explosions</td> <td style="border: none;">Smoke / Fog Effects</td> </tr> <tr> <td style="border: none;">Fireworks</td> <td style="border: none;">Weather Effects</td> </tr> <tr> <td style="border: none;">Bullet Hits / Squibs</td> <td style="border: none;">Flame Effects</td> </tr> <tr> <td colspan="2" style="border: none;">Other :</td> </tr> </table>	Explosions	Smoke / Fog Effects	Fireworks	Weather Effects	Bullet Hits / Squibs	Flame Effects	Other :							
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<p>GENERAL SAFETY NOTE</p> <p style="text-align: center; margin-top: 10px;">Circle here if you need a copy of your Production Safety Guidebook.</p>	<p style="text-align: right; margin-top: 10px;">(Continued) Form 11-BC</p>																				

UNUSUAL LOCATIONS/ACTIVITIES

Airport	Power Plant	Grading / Excavation	Amusement Park Ride
Prison Quarries	Carnivals	Subway/Underground	Rail Trolley
Rivers/Lakes/Dams/Ocean	Demolition	High rise building	Rooftop
Desert	Shipyards	Storm Chasing	Farms
Train Yard	Historical Site	Hospitals	Junkyards
Military Base	Warehouse	Mines	Wilderness Area/State
Mountains	Federal Park	Oil Refinery/Factory	Caves

Other:

PROPOSED ACTIVITY	DATE(S)	COMMENTS / FURTHER DESCRIPTION
<i>(Example) Handguns</i>	<i>9/ 8, 9, 10/2018</i>	<i>9mm blanks (1/4 loads)</i>