

**NEW & YOUNG WORKER ORIENTATION****SIGN IN SHEET FOR CAST/BACKGROUND OR OTHER ON-SET WORKER**

Use this form to document Safety Orientations. Submit to the Safety Coordinator or Production Office.

**DATE OF ORIENTATION:****PRODUCTION:****LOCATION:****ORIENTATION GIVEN BY:****SAFETY HAZARDS FOR THE DAY: (CHECK APPLICABLE)**

	Tripping Hazards / Falling Objects / Street Traffic			
	Stunts		Inclement or Severe Weather	Animals
	Slippery - Rain/Wet down		Atmosphere / Smoke	Infant / Child Actors
	Edged & Piercing Props		Open Flames or Candles	Pyrotechnics / Other SPFX
	Food Handling		Guns	Water Hazards

**OTHER:****SIGN-IN SHEET**

Print Name		Sign Name
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		