

APPENDIX L

Safety and Security

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PATIENT MEDICAL REPORT FORM

Date _____
Time _____

Patient Information

Name _____ Age _____ Male Female

Address _____


Contact Person _____ Phone _____

Describe MOI (Mechanism of Injury)

Patient Found

R / L Side Front / Back Lying / Sitting / Standing

Patient's Chief Complaints
Describe onset, cause & severity (pain scale)



0 2 4 6 8 10

Initial Treatment

Vital Signs

	1 st	2 nd	3 rd
Blood Pressure	_____	_____	_____
Pulse Rate	_____	_____	_____
Respiratory Rate	_____	_____	_____
Body Temperature	_____	_____	_____

Medications Rx, OTC, Herbal, Homeopathic, & Recreational Drugs

DRUG	REASON	DOSE	CURRENT
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Notes

A V P U on arrival

Alert
 Verbal Responsive
 Pain Responsive
 Unresponsive

Physical Examination	Findings
Skin	
Head/ Scalp	
Eyes	
Ears	
Nose	
Mouth	
Neck	
Chest	
Abdomen	
Back	
Arms	
Legs	

Glasgow Coma Scale

	Score	Patient
Eye Opening	Spontaneously	4
	To speech	3
	To pain	2
	None	1
Verbal Response	Oriented	5
	Confused	4
	Inappropriate	3
	Incomprehensible	2
	None	1
Motor Response	Obeys command	6
	Localizes to pain	5
	Withdraws to pain	4
	Flexion to pain	3
	Extension to pain	2
None	1	
Maximum Score	15	

Past Medical History

	Remarks
Allergy	_____
Diabetes	_____
Heart disease	_____
Stroke	_____
Cancer	_____
Depression	_____
Alzheimer's disease	_____
Obesity	_____
Blindness and deafness	_____



HAZARD DETECTION TABLE

Hazard Description	Area of Concern	Action Taken

Additional Comments:

Name:	Signature:
Date:	Title:



Noted by:

Executive Producer

Production Manager

Security and Safety



LOCATION CHECKLIST/SAFETY REPORT

This checklist is required to be completed for **each** location by doing a site reccy before production starts. If you tick *NO* to any question or have identified any hazards, you need to describe how/when this issue will be resolved in the Hazard Description Table. The completed survey will form part of your assessment for this subject and must be submitted before the indemnity/insurance forms can be signed. When asking yourself the following questions bear in mind the hazards and risks to people and equipment.

Additional surveys must be completed for **stunts** and **special effects**.

NAME: _____

PHONE: _____ EMAIL: _____

SUBJECT: _____

PRODUCTION TITLE: _____

SUMMARY OF PRODUCTION: _____

LOCATION DETAILS:(If more than one location, use a separate form for each, submit together).

SCHEDULE SHOOTING DATES:

Final Checklist	Y	N
1. Has every question been answered?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the CONTACTS SHEET completed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any stunts/special effects? (Safety Officer Clearance/Supervision required)	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Hazard Description Table complete?	<input type="checkbox"/>	<input type="checkbox"/>

Report prepared by:

Print Name

Signature

DATE:

Production Staff:

Print Name

Signature

DATE:



COURSE NAME AND NUMBER:

PROD #:

PRODUCTION TITLE:

DIRECTOR:

PRODUCER:

PRODUCTION REQUIREMENTS CHECKLIST

PRODUCTION FORMS

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Approved Script <input type="checkbox"/> Lighting Diagram <input type="checkbox"/> Shooting Schedule <input type="checkbox"/> Budget Breakdown <input type="checkbox"/> Location Contact List <input type="checkbox"/> Shot List <input type="checkbox"/> Budget Sign-Off <input type="checkbox"/> Location Contract <input type="checkbox"/> Special Camera Rigging <input type="checkbox"/> Actor Release Forms <input type="checkbox"/> Location Fact Sheet <input type="checkbox"/> Stage Request <input type="checkbox"/> Prop & Flat Sign Out <input type="checkbox"/> Makeup/Hairdressing <input type="checkbox"/> Record Storyboard <input type="checkbox"/> Tool Sign Out <input type="checkbox"/> Minor Release/Authorization <input type="checkbox"/> Stunt/Special Effects Release <input type="checkbox"/> Call Sheet <input type="checkbox"/> Musician Release Form <input type="checkbox"/> Technical Trouble Reports <input type="checkbox"/> Camera Shooting Log | <ul style="list-style-type: none"> <input type="checkbox"/> Camera Reports Off-Site Electrical Tie-In <input type="checkbox"/> Video Tape Requisition <input type="checkbox"/> Cast Contact List <input type="checkbox"/> On-Facility Electrical Tie-In <input type="checkbox"/> Wardrobe Person Request <input type="checkbox"/> Cast/Scene Breakdown <input type="checkbox"/> Off-Site Location Release <input type="checkbox"/> Weapons Request & Release <input type="checkbox"/> Casting Sheet <input type="checkbox"/> On-Facility Location Release <input type="checkbox"/> Pre-Production Checklist <input type="checkbox"/> Cast Member Evaluation <input type="checkbox"/> Original Music Licensing Agreement <input type="checkbox"/> Pre-Production Checklist Crew Contact List <input type="checkbox"/> Daily Film Inventory <input type="checkbox"/> Press Kit Materials <input type="checkbox"/> Emergency Information <input type="checkbox"/> Camera Truck Inspection <input type="checkbox"/> Emergency Medical, Security Information Board | <ul style="list-style-type: none"> <input type="checkbox"/> Cast/Crew Project Authorization <input type="checkbox"/> Equipment Request Forms <input type="checkbox"/> Production Report <input type="checkbox"/> Grip Truck Inspection <input type="checkbox"/> External Borrowing Agreement <input type="checkbox"/> Passenger Van Inspection <input type="checkbox"/> Extras Casting Sheet <input type="checkbox"/> Safety Hazard Report <input type="checkbox"/> Pickup Truck Inspection <input type="checkbox"/> Facilities Use Request <input type="checkbox"/> Safety Inspection Report <input type="checkbox"/> Film Stock Requisition <input type="checkbox"/> Script Breakdown <input type="checkbox"/> Group Release <input type="checkbox"/> Script Supervisor Continuity Log <input type="checkbox"/> Hair/Makeup Artist Request <input type="checkbox"/> Script Supervisor Daily Report <input type="checkbox"/> Injury/Illness Report Form <input type="checkbox"/> Performer's Videocassette Release <input type="checkbox"/> Student Release <input type="checkbox"/> Vehicle Request |
|---|--|--|

STAFF & CREW

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Producer <input type="checkbox"/> Sound Mixer <input type="checkbox"/> Production Designer <input type="checkbox"/> Director <input type="checkbox"/> Boom Operator <input type="checkbox"/> Art Director <input type="checkbox"/> 1st Assistant Director <input type="checkbox"/> Cableman <input type="checkbox"/> Set Decorator <input type="checkbox"/> 2nd Assistant Director <input type="checkbox"/> Gaffer | <ul style="list-style-type: none"> <input type="checkbox"/> Location Manager <input type="checkbox"/> Electrician <input type="checkbox"/> Wardrobe Supervisor <input type="checkbox"/> Director of Photography <input type="checkbox"/> Electrician <input type="checkbox"/> Make-up Hair <input type="checkbox"/> Camera Operator <input type="checkbox"/> Key Grip <input type="checkbox"/> Production Assistant <input type="checkbox"/> 1st Assistant Cameraman <input type="checkbox"/> Dolly Grip | <ul style="list-style-type: none"> <input type="checkbox"/> 2nd Assistant Cameraman <input type="checkbox"/> Best Boy/Grip <input type="checkbox"/> Production Assistant <input type="checkbox"/> Loader Grip <input type="checkbox"/> Still Photographer Grip <input type="checkbox"/> Script Supervisor <input type="checkbox"/> Best Boy/Electrician <input type="checkbox"/> Costume Designer <input type="checkbox"/> Property Master <input type="checkbox"/> Production Assistant |
|---|---|--|

SUPPORT CREW AND LOCATION MISCELLANEOUS

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Police <input type="checkbox"/> Telephone <input type="checkbox"/> Fire <input type="checkbox"/> Restrooms <input type="checkbox"/> Sound Tape <input type="checkbox"/> Security Guard <input type="checkbox"/> Eating Area <input type="checkbox"/> Parking <input type="checkbox"/> Maps | <ul style="list-style-type: none"> <input type="checkbox"/> Cast & Extra Staging Area <input type="checkbox"/> Lighting Expendables <input type="checkbox"/> Equipment Staging Area <input type="checkbox"/> Grip Expendables <input type="checkbox"/> Power Supply <input type="checkbox"/> Film Can Labels <input type="checkbox"/> Camera Expendables <input type="checkbox"/> Video Tape <input type="checkbox"/> Trash Cans & Bags | <ul style="list-style-type: none"> <input type="checkbox"/> Direction Signs <input type="checkbox"/> Plastic Film Cores <input type="checkbox"/> Traffic Control <input type="checkbox"/> Wrap/Clean-up Crew <input type="checkbox"/> First Aid Supplies <input type="checkbox"/> Cleaning Supplies <input type="checkbox"/> Film Cans & Black Bags <input type="checkbox"/> Film Stock |
|---|--|---|

CAST	VEHICLES	MEALS
<ul style="list-style-type: none"> <input type="checkbox"/> Lead Actors & Actresses <input type="checkbox"/> Bit Players <input type="checkbox"/> Extras <input type="checkbox"/> Minors 	<ul style="list-style-type: none"> <input type="checkbox"/> Grip Truck <input type="checkbox"/> Camera Truck <input type="checkbox"/> Crew Vans <input type="checkbox"/> Picture Vehicles <input type="checkbox"/> Generator <input type="checkbox"/> Emergency Support Vehicle 	<ul style="list-style-type: none"> <input type="checkbox"/> Caterer <input type="checkbox"/> Craft Service <input type="checkbox"/> Lunch <input type="checkbox"/> Second Meal <input type="checkbox"/> Tables & Chairs <input type="checkbox"/> Tents
EQUIPMENT		
<ul style="list-style-type: none"> <input type="checkbox"/> Camera <input type="checkbox"/> Lighting <input type="checkbox"/> Grips <input type="checkbox"/> Sound <input type="checkbox"/> Dolliey 	<ul style="list-style-type: none"> <input type="checkbox"/> Safety Belts / Harness <input type="checkbox"/> Safety Boots <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire Blanket <input type="checkbox"/> Mobile First Aid Kit 	<ul style="list-style-type: none"> <input type="checkbox"/> Walkie Talkie <input type="checkbox"/> Earpieces / Microphones <input type="checkbox"/> Megaphone <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Wet Floor Signs

ADDITIONAL COMMENTS	PERTINENT INSTRUCTIONS

NOTED BY:

EXECUTIVE PRODUCER

PRODUCTION MANAGER



ITEM INSPECTION CHECKLIST

(SAFETY & SECURITY)

General **YES NO N/A**

1. Have you obtained a signed Agreement for use of site? (Attach a copy)
2. Did you inform the managers/owners of the location as to what activity your group will perform?
3. Have the managers/owners advised the site is free of any hazards?
4. Does the basic building structure appear sound?
5. If the location is an operational facility, has there been a facility liaison assigned to the production? If yes, include contact details on Page 6.
6. If the location is an operational facility are there emergency procedures available on site?
7. Have arrangements been made for the supervision of any children who will be on the site for your production?

Hazardous Materials

8. Will the crew be free of exposure to any hazardous substances on site?
9. If not, do the crew have access to material safety data sheets (MSDS) and risk assessments for the hazardous substances?
10. Is the location free of obvious amounts of dust or particulate?
11. Is the site free of potentially dangerous levels of microbial contaminants?
12. Is the site free of risks of exposure to biological contaminants (blood, urine, faeces, animal remains?)
13. Have hazardous materials been removed if required?

Access and Egress

14. Is the site free of hazards which may lead to slips, trips, falls?
15. Any danger areas been clearly marked and/or taped "KEEP OUT"?
16. Are exits, corridors, and stairways well lit?
(If not, take a back-up supply, torches)
17. Are fire and emergency exits clearly marked and unobstructed?
18. Are there appropriate means of emergency egress and communications, lights, fire exits, operational phone lines & signs?
19. Are the access and egress points suitable for carrying/transporting the film equipment/gear?

Fall Protection/Confined Spaces

20. Are guard rails or hand railings in place on raised platforms or potentially instable areas? (cliff edges, stair cases, etc)
21. Is the site free of confined spaces ?
(inadequate air supply , manholes/tunnels/underground sewers)
22. Is the surface stable enough for mounting the camera support?
23. Have flats/props been checked to be sure they are stable and safe for crew and cast to work with?

Ventilation

24. Are special ventilation controls/spray booths available as required for safe use of chemicals, paints, smoke and fog on site?
25. Does the building have a general ventilation system that is operating" This can include natural ventilation from windows.
26. Has supplementary ventilation been arranged if required for any enclosed areas (tunnels, basements)
27. Is there an adequate heating system for the building?
28. Are there areas that can be ventilated for activities that generate potential airborne hazards? (welding, hotwire cutting, use of acetylene)

Electrical

29. Do you know who on your crew has Lighting Safety Proficiency?
(Attached List)
30. Are you working in a location that has domestic electricity supply of 240 volts or volt rate beyond normal supply? (If “no”, you will need to consult an electrician)
31. Is there enough electrical output for the demand needed?]
32. Have you booked the appropriate equipment from an Equipment Store?
33. Have all potential live electrical hazards (exposed wiring, electrical boxes, etc) at the location been made safe?

Fire Systems (Non-Domestic Dwellings)

34. Are fire extinguishers and/or other fire safety equipment available and in working condition?
35. Are there specialized electrical safety extinguishers in close proximity to the main electrical panel?
36. Is fire fighting equipment accessible and noted on the call sheet?
37. Has the issue of smoking of cigarettes by cast and crew been addressed? (Where they can smoke? Is there provision for fire extinguishing and cleaning up butts?)
38. Have the daily call sheets identified the emergency procedures for each location?

Water & Toilets

39. Are there hygienic and functional toilets and hand washing facilities nearby?
40. Is there clean, drinkable water on site and enough running water for requirements?
41. Can heaters and fans be brought in if required without compromising air quality, fire safety and electrical demand?

Security

42. Is the outdoor lighting adequate?
43. Is the risk of potential injuries to cast and crew low (either from other people or wildlife?)
44. Has a system for security of equipment/belongings from theft been identified? (Give Details)

First Aid & Emergencies

45. Is there a hospital within 20 minutes travel time?
46. Is there a way to contact emergency services from the location?
47. Is there a First Aid officer on the crew?

Moving Vehicles

48. If moving vehicles are being used to film from have risks been identified? (In the hazard list detail use of any jib attachments, shots involving cars)

Traffic Control

49. Does traffic control need to be arranged? If “yes” give details as to how.
50. Do cars need to be safely routed around the shooting area?
51. Can pedestrians safely move around the area?

Transport

52. Has the volume and weight of the equipment to be transported been evaluated?
53. Will you have enough people/equipment to transport the equipment to the location?
54. Have you a plan for packing the vehicles?
55. Is the vehicle suitable for the transport?
56. Are the vehicles registered and insured?

Cast/Crew Safety Communication

- 57. Do safety notices or safe work practices need to be posted or attached to the call sheet? (Eg. Wear comfortable, warm cloth & rubber soled shoes)
- 58. Do you have sufficient light for cast and crew to work in?]

Health & Personal Protective Equipment (PPE)

- 59. Has PPE (dust masks, ear muffs) been made available for any of the hazards identified?
- 60. Is there someone on the crew whose responsibility is to plan and monitor the hours of work?

Exterior Locations

- 61.. Will the site be free of extremes of temperatures?
- 62. Have special precautions for the terrain been taken as required?
- 63. Have special precautions been taken for any water hazards? (eg. Tidal extremes, current, temperature)
- 64. Has protection against predicted rain or strong winds been provided?
- 65. Are there controls in place for any hazards posed by animals? (Eg. mosquitoes, spiders, sea lice, etc)
- 66. Are there controls in place for any hazards posed by plant life? (Eg. palms, with sharp fronds)
- 67. Is the area free of bushfire danger warnings (escape routes should be clearly marked on maps)
- 68. Is the area at low risk of flash flooding (even after light rain)? For advise contact local weather bureau or civil defense office.
- 69. Are you working in daylight – have you lights for working under?

Environment

- 70. Have you provision for disposal/recycling of waste generated while on location?
- 71. Will there be any detrimental impact on the environment by the cast, crew and the use of vehicles and equipment?

IN CASE OF EMERGENCY

BIGFOOT Entertainment Security Dept: Leandro Paralisan #Local 5268/ 09182327314

Description	Name	Telephone #
HOSPITAL	LAPU-LAPU GENERAL HOSPITAL	340-0248
POLICE	Mobile Patrol Group	166
FIRE BRIGADE	Lapu-Lapu City Fire Dept.	340-0252
EMERGENCY AMBULANCE	ERUF (Emergency Rescue Unit Foundation)	340-2994
TRAFFIC MANAGEMENT	City Traffic Management System	341-1311
COMMUNITY	BARANGAY MACTAN	495-8131
NURSE	Mrs. Madona Ogaro	09167542157



- **Lapu-lapu General Hospital**
 Address: Gun-ob,
 Lapu-lapu City
 Mactan island Cebu
- **BIGFOOT ENTERTAINMENT**