**LOCATION MANAGER’S SAFETY INSPECTION REPORT**

\*Submit a copy of this form to EHS, Production, and Legal Departments upon completion.

\*This form is required for each location.

Provide explanations for all “no” answers and how/when these items are to be resolved. These items require follow up to ensure there has been a complete safety review of the location. If you are not clear on the meaning of some of the questions, contact the EHS Department.

N/A = Not Applicable

Date:

Production Title:

Production Company:

Location Name/Address:

**GENERAL INFORMATION**

1. Are the owners/agents of the location aware of the type of activities that will take place? ⁫Yes ⁫No ⁫N/A

2. Have all of the required permits been obtained and neighborhood notifications made? ⁫Yes ⁫No ⁫N/A

3. Have any environmental health and safety assessments or evaluations for the location been performed? Has a copy been forwarded to the EHS Department? ⁫Yes ⁫No ⁫N/A

4. Has the location been checked for environmental hazards (e.g.; unmarked or improperly stored chemicals, proper ventilation, asbestos, lead, etc.)? ⁫Yes ⁫No ⁫N/A

5. Are there any unique hazards associated with the location? ⁫Yes ⁫No ⁫N/A

6. Is the location an operational facility? Are there any special requirements if it is? ⁫Yes ⁫No ⁫N/A

**GENERAL SAFETY**

7. Have all general items such as lights, exits, access and egress been inspected? ⁫Yes ⁫No ⁫N/A

8. If so, have all deficiencies been corrected? ⁫Yes ⁫No ⁫N/A

9. Are proper restroom facilities in place at the location? ⁫Yes ⁫No ⁫N/A

10. Have all confined spaces associated with the location been identified? ⁫Yes ⁫No ⁫N/A

11. Are all hazardous materials properly stored and secured? ⁫Yes ⁫No ⁫N/A

12. Are copies of Material Safety Data Sheets (MSDS) on file at the location(s) for any hazardous materials being stored and/or used? ⁫Yes ⁫No ⁫N/A

13. Are hazardous wastes expected to be generated? If so, have the appropriate procedures been reviewed? Has the EHS Dept. been notified? ⁫Yes ⁫No ⁫N/A

14. Are the areas clearly marked and/or taped “keep out” if appropriate? ⁫Yes ⁫No ⁫N/A

15. Have guard rails or hand rails been installed on raised platforms or other potentially unstable areas? ⁫Yes ⁫No ⁫N/A

16. Have necessary safety notices regarding the location been attached to the day’s location sheet? ⁫Yes ⁫No ⁫N/A

17. Have all construction materials been stored out of the way? ⁫Yes ⁫No ⁫N/A

18. Has the special safety equipment/PPEs of any kind been identified as necessary (e.g. boots, goggles, gloves, earplugs, harnesses, etc.)? ⁫Yes ⁫No ⁫N/A

19. Are there adequate supplies of safety equipment? ⁫Yes ⁫No ⁫N/A

20. Have all parties been trained in the proper use of special safety equipment? ⁫Yes ⁫No ⁫N/A

21. Are there security officers/police officers at the location? If so, have they been briefed about the production? ⁫Yes ⁫No ⁫N/A

*Page 1 of 3*

**GENERAL SAFETY(continued)**

22. Have traffic controls been arranged? ⁫Yes ⁫No ⁫N/A

23. Are cars and other vehicles being safely routed around the shooting area? ⁫Yes ⁫No ⁫N/A

24. Can the cast and crew get safely from the parking area to the set? ⁫Yes ⁫No ⁫N/A

25. Has the location of the caterer been verified and inspected? ⁫Yes ⁫No ⁫N/A

26. Have any unusual upcoming weather conditions been reported to the cast and crew? ⁫Yes ⁫No ⁫N/A

27. If so, have necessary precautions been taken? ⁫Yes ⁫No ⁫N/A

**EMERGENCY PLANNING**

28. Are fire extinguishers and other safety equipment in good working order and readily available? ⁫Yes ⁫No ⁫N/A

29. Has the location of fire extinguishers and other fire safety equipment been clearly marked? ⁫Yes ⁫No ⁫N/A

30. Have arrangements been made with local fire/emergency responders, if necessary? ⁫Yes ⁫No ⁫N/A

31. Are emergency evacuation routes clearly posted? ⁫Yes ⁫No ⁫N/A

32. Are fire exits clearly marked and unobstructed? ⁫Yes ⁫No ⁫N/A

33. Are emergency telephone numbers posted on all telephones? ⁫Yes ⁫No ⁫N/A

34. Has the nearest location of an operating telephone been determined? ⁫Yes ⁫No ⁫N/A

35. Has the nearest medical treatment facility with an emergency room been determined? ⁫Yes ⁫No ⁫N/A

36. Is there a police watch on location? If yes, have they received proper orientation on the production activities? ⁫Yes ⁫No ⁫N/A

37. Have fire safety officers (FSO/FSA) been hired? If yes, have they received proper orientation on the production activities? ⁫Yes ⁫No ⁫N/A

38. Is there a hazardous materials business plan available for the location? If yes, has it been reviewed with the EHS Department? ⁫Yes ⁫No ⁫N/A

39. Are there any nearby businesses/operations that may present exposures that would require additional emergency precautions (i.e. refineries, chemical storage facilities, power plants, etc.)? ⁫Yes ⁫No ⁫N/A

**ADDITIONAL COMMENTS / OBSERVATIONS / RESTRICTIONS:**

**LOCATION MANAGER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print NameSignature *Page 2 of 3*

**ADDITIONAL COMMENTS / OBSERVATIONS / RESTRICTIONS *(cont.)*:**

**LOCATION MANAGER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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