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| **PRODUCTION RISK ASSESSMENT**  **Please return along with your application form to** [**filming.photography@canalrivertrust.org.uk**](mailto:filming.photography@canalrivertrust.org.uk) **at least one week prior to your shoot.** | | | |
| **Production Title:** | | | |
| **Location Manager:** | | **Production Dates:** | |
| **Unit Manager:** | | **Filming Dates:** | |
| **Company Address:** | | **Location Address:** | |
| **Production Office Phone:** | | **Mobile:** | |
| **Detailed Description of Activity:** | | | |
| **Towpath / navigation restricted?** | | | |
| **Crew size:** | | | |
| **Equipment:** | | | |
| **NAMES OF CONTRACTORS** | **DETAILS OF SERVICE PROVIDED:** | | **Are they approved as competent?** |
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| **DETAILS OF EMERGENCY ARRANGEMENTS** | | | |
| **Nearest hospital A&E address:** | | | |
| **Nearest access point to towpath (i.e. postcode, bridge number or landmark):** | | | |
| **Map with directions to hospital:** (Screengrab) | | | |

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| **HAZARD CHECKLIST**  HOW TO COMPLETE: Identify which hazards are involved in the Production and tick the appropriate box above | State on the next page whether risks associated with each identified hazard is either high, medium or low | Specify control measures to be adopted to reduce risk state to an acceptable level, and state the resulting risk factor | Inform those persons exposed to any risk of the control measures to be adopted | The form must be signed and dated by the originator and the Producer | | | | | | | | | |
| **No** | **Hazard** | **Tick** | **No** | **Hazard** | **Tick** | **No** | **Hazard** | **Tick** |
| **1** | Access / egress blocked / restricted |  | **18** | Hazardous substances chemicals / dust / fumes / poisons / battery acid / waste Disposal |  | **35** | Scenic materials: glass / polystyrene |  |
| **2** | Alcoholic drinks / hospitality |  | **19** | Heat / cold, extreme weather climate |  | **36** | Slips / trips / falls |  |
| **3** | Animals / insects (wild, performing etc.) |  | **20** | L.P.G. / bottled gases |  | **37** | Smoking on set / studio |  |
| **4** | Any special prop, tool etc., under the direct control of the presenter, artist etc. |  | **21** | Lasers / other bright lights / strobes |  | **38** | Special ‘flying’ / technical rigs |  |
| **5** | Public / crowds / audience / violence / civil unrest |  | **22** | Lifting equipment, e.g. forklift LOLER |  | **39** | Special needs / children / elderly / disabled |  |
| **6** | Compressed gas / cryogenics / low temperature |  | **23** | Live electrical equipment |  | **40** | Special visual effects: rain / snow / fire /  Smoke / steam / dry ice / heat / wind machines |  |
| **7** | Confined space / tanks / mines / caves / tunnels |  | **24** | Machinery proximity |  | **41** | Scenery / props storage on premises |  |
| **8** | Derelict buildings / dangerous structures / isolation of services / waste control |  | **25** | Night operations |  | **42** | Stunts / dangerous activities / hazardous props |  |
| **9** | Diving operations |  | **26** | Noise/high sound levels |  | **43** | Technocrane / camera cables / camera  Movement / special cable runs / scanners |  |
| **10** | Explosives / pyrotechnics / fireworks |  | **27** | Portable tools above 110v |  | **44** | UAV aircraft / Remotely operated drones |  |
| **11** | Falling objects |  | **28** | Practical flame / fires / flambeaux |  | **45** | Use of Tripod / general Equipment on Towpath |  |
| **12** | Fatigue / long hours / physical exertion / stress |  | **29** | Radiation – sources / equipment etc. |  | **46** | Use of boats / floating craft for filming |  |
| **13** | Fire Prevention / Evacuation Procedures |  | **30** | Risk of infection |  | **47** | Vehicles / motorcycles / speed |  |
| **14** | First Aid / Medical Requirements |  | **31** | Scaffolds / rostra / decking / platforms /  practical staircase / walkways on set |  | **48** | Water / proximity to water / tanks |  |
| **15** | Flammable materials: painting / spraying needed |  | **32** | Scenery / flats over 12 ft x 10 ft / non-standard shape / centre of gravity. |  | **49** | Weapons / knives / firearms |  |
| **16** | Flying / aircraft / balloons / parachutes |  | **33** | Scenic / set materials - not fire retardant / toxicity tested |  | **50** | Work at height: zip-up / ladders / talascope etc. |  |
| **17** | Freelance crews, scenic ops |  | **34** | Scenery manual handling difficulties |  | **51** | Other |  |

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| **HAZARD NUMBER**  +  Identity of  Persons Exposed | **MAIN RISKS IDENTIFIED**  Describe risks and state if considered to be high (H), medium (M) or low (L) before any controls are introduced. | **EXISTING & ADDITIONAL CONTROLS TO MANAGE RISKS**  Include names of experts or contractors to be used Indicate the risk state after control initiatives are introduced. (H/M/L)  Specify who is to ensure the measures are implemented by and that they are effective. | | **FINAL RISK LEVEL ACCEPTABLE?** |
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| State whether persons ‘at risk’ are: Staff(**S**), Freelance(**F**), Contractor(**C**) , performer/presenter(**P**), public(**U**) | | | | |
| **If necessary - continue on extra sheets** | | | **NUMBER OF ADDITIONAL SHEETS ATTACHED** | |
| **COMPLETED BY:** (name) SIGNATURE:  POSITION: DATE: | | | | |
| **I am satisfied that the above constitutes a proper and adequate risk assessment in respect of this production. If any changes are made, the risk assessment will be reviewed.** | | | | |
| PRODUCER:(name) SIGNATURE:  DATE: | | | | |

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| **HAZARD NUMBER**  +  Identity of  Persons Exposed | **MAIN RISKS IDENTIFIED**  Describe risks and state if considered to be high (H), medium (M) or low (L) before any controls are introduced. | **EXISTING & ADDITIONAL CONTROLS TO MANAGE RISKS**  Include names of experts or contractors to be used Indicate the risk state after control initiatives are introduced.(H/M/L)  Specify who is to ensure the measures are implemented by and that they are effective. | | **FINAL RISK LEVEL ACCEPTABLE?** |
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| State whether persons ‘at risk’ are: Staff(**S**), Freelance(**F**), Contractor(**C**) , performer/presenter(**P**), public(**U**) | | | | |
| **If necessary - continue on extra sheets** | | | **NUMBER OF ADDITIONAL SHEETS ATTACHED** | |