

Safety Responsibilities FIRST ASSISTANT DIRECTOR

Safety Program Information for First Assistant Director

The following information is for your specific position and is provided to help you understand your part in your Production's Occupational Health and **Safety Program**.

Responsibilities of the First Assistant Director (1st AD)

As the First Assistant Director, you are responsible for conveying current safety requirements to all production crew members, for providing guidance for meeting OHSP goals, and for ensuring that key department heads meet their OHSP responsibilities.

Production Start-Up

1. Visit **www.canadianproduction.com** to familiarize yourself with the safety information available, (AMPTP and Actsafe Safety Bulletins, Tool Box Talks, etc.) and read the **Production Safety Manual**. (You will receive a copy of the Safety Manual at your Safety Orientation.)
2. Review the General Safety Guidelines for Production and sign the acknowledgment form.
3. Attend the DGA General Safety Awareness presentation (strongly recommended.)
4. Please allow about 30 minutes before the start of your first Production Meeting for **the Production Safety Representative** to give the **Safety Orientation** to Department Heads.

On-Production

Implement the Occupational Health and Safety Program:

1. Discuss all potential safety concerns with the Location Manager, UPM, Special Effects/Stunt/Transportation/Construction Coordinators, and key department heads during the script read through and/or Production Meeting.
2. Conduct a safety meeting on the first day of production for cast and crew:
 - a. Briefly explain the safety program.
 - b. Discuss the safety aspects of the week's/day's activities and any potential hazards of the location.
 - c. Discuss elements of the **Emergency Plan**, such as the location of emergency equipment, exits, and telephones on all stage or interior sets and off-lot locations, and explain emergency procedures such as evacuation plans in case of fire. (*See Form 3 - Emergency Plan Meeting.*)
 - d. See that **Young and New Worker Training** is given when appropriate.
 - e. Discuss safety precautions to be followed around any specialized equipment that may present a potential hazard (e.g. insert car, process trailer, cranes, booms, helicopters, etc.)
3. Conduct additional meetings in the following situations:
 - a. When a stunt or special/mechanical effect is to occur (e.g. pyrotechnics, high-fall, car stunt, etc.). Document stunts and special effect rehearsals on the daily Production Report.
 - b. When there is a substantial change to the stunt or special effect, another rehearsal must be held and documented on the daily **Production Report**.
 - c. Anytime the cast and crew are exposed to potential hazards (e.g. helicopters, UAVs, exotic animals, water, extreme heat or cold, etc.).
 - d. Anytime new cast or crew joins the production.
 - e. Anytime a new process, substance or procedure is introduced (e.g. firearms, vehicle, gimbals, FX smoke, crane, etc.)
4. See to it that safety literature is properly distributed:
 - a. Distribute the **AMPTP or Actsafe Safety Bulletins** (found at www.canadianproduction.com) covering the specific hazard to cast and crew and attach to the call sheet (e.g. helicopter, firearm, special f/x smoke, etc.) or the special/mechanical effect is to occur (e.g. pyrotechnics, high-fall, car stunt, etc.). Call sheets must reference the

- bulletins in effect.
- b. With help from the Production Safety Representative, see to it that special literature, such as **Safety Data Sheets (SDS's)** or industrial hygiene test results are available if requested by any cast or crew member (e.g. assessment of any exposure to products, such as special effects, smokes, fogs, paints, dust, etc.) Post SDS's at the worksite.
- 5. While on production, confirm that all sets have been inspected and are free from recognized hazards.
 - a. The **Production Stage Hazard Assessment Checklist (Form 5)** should be used to document this inspection while on the lot.
 - b. The **Location On-Production Hazard Assessment Checklist (Form 8)** should be used while on location.

Communicate and Troubleshoot:

1. See to it that appropriate safety equipment is available and is used when needed by cast and crew (e.g. earplugs, harnesses, safety belts, etc.).
2. Consult with the PM to resolve script safety concerns (e.g. special effects, stunts or other special hazards).
3. Make sure cast and crew safety concerns have been addressed and resolved:
 - a) Correct hazards discovered on the set (e.g. blocked exits, blocked fire lanes, trip and fall hazards, faulty equipment, etc.)
 - b) Address cast member concerns until they are resolved.

Instruct your First Aid Attendants to notify the Production Manager immediately in the event of any serious injury or illness.

Coordinate Response to Serious Accidents and Emergencies:

1. Respond to all on-set emergencies and accidents that result in serious injury, death, major property damage, hospitalization or events that create imminent danger.
2. Summon emergency medical assistance immediately (e.g. paramedics, fire department, police, etc.)
3. Clear the area and protect cast and crew from further injury.
4. Preserve evidence for further investigation.

Serious Accidents, Injuries and Mishaps

Serious accidents, injuries and mishaps are incidents that require transportation by ambulance, visitation to the hospital by one or more employees, any treatments greater than general first aid or any serious property/asset damage.

In the event of a serious accident, injury or mishap, AFTER ALL NECESSARY EMERGENCY PERSONNEL ARE CALLED, IMMEDIATELY notify the PM to begin *Serious Incident Reporting Procedures (Form 4)*.

In BC incidents that are immediately reportable to WorkSafe BC are as follows

- Any incident that kills or seriously injures a worker
- A major leak or release of a dangerous substance
- A major structural failure or collapse of a structure, equipment, construction support system, or excavation
- A fire or explosion that had a potential for causing serious injury to a worker...
- A diving incident that causes death, injury, or decompression sickness requiring treatment (required by regulation)

Your **Production Safety Representative** may make these notification calls.

1. See **Form 4 – Serious Incident Reporting Procedures** for specific contact information.
2. Any accident should be noted on the back of the Production Report on the date the accident occurred by identifying only the name of injured employee and classification.

3. Under the guidance of the Studio Legal Department, the Production Safety Representative will direct any additional accident investigations necessary.

CAUTION: Written and/or verbal statements should not be taken unless authorized by the Production Attorney or Studio Legal Department. Speculation regarding the cause(s) of accident(s) are not to be included as part of any Accident/Incident Investigation. Speak with your Production Safety Representative for direction.

WorkSafeBC/Government Inspector/Investigation activities:

If you are ever visited or contacted by **WorkSafeBC**, or any government agency, contact the **PM** and the **Production Safety Representative** immediately. Also contact the **Production Executive and Production Attorney**.

1. Immediately notify the PM. If not available contact the **Production Safety Representative**.
2. Request the official's credentials and determine their validity.
3. Tell the inspector it is company policy to have **the Production Safety Representative** present for any inspection. Ask them politely to wait, and call the Production Safety Representative immediately. A WorkSafeBC officer is under no obligation to comply with the request to wait for the Production Safety Representative
4. Determine the nature of the visit. Be courteous, quiet, and cautious.
5. If the inspector refuses to wait, accompany the official directly to the site in question.
6. Do not sign anything or provide written documentation. Ask that their request for documentation be placed in writing so it may be responded to in writing.
7. Ask for explanations of the problem and welcome any suggestions for corrective action. If possible, make corrections immediately.
8. If the inspector/investigator wants to take photographs, they may. You should however take your own pictures of any area that they photograph.
9. Answer questions directly; however, do not volunteer information.
10. Make detailed notes immediately after the official has departed. Copies are to be sent to the **Production Attorney** and to the Production Safety Representative.
11. Refer to the "Regulatory Agency Inspection Guidelines" in the **Production Safety Manual** for more information.

Document Occupational Health and Safety Program activities:

Forward copies of all OHSP documentation on a regular basis to the **Production Office Coordinator** and the **Safety Department**:

1. All completed Safety Forms
2. Any training given to cast or crew
3. Accident and injury reports
4. Correspondence with WorkSafeBC or other governmental agencies.

Show Wrap

Return the Safety Manual to the Production Coordinator for return to the Production Safety Representative. If necessary, review the Safety Program with the UPM and the Production Safety Representative for possible improvements and adjustments.

EMERGENCY PLAN MEETING

At the beginning of production, on your first stage or location, an Emergency Plan meeting should be held for the entire cast and crew. This meeting can be a part of the general safety meeting. The information below should be included in this meeting. On every subsequent new stage and location, an Emergency Plan Meeting should be held. Please note "Emergency Plan Meeting" in your daily Production Report.

EMERGENCY PLAN MEETING:

1. Point out all, emergency exits, escape routes, and fire alarm pull stations.
2. Point out location of fire extinguishers, for use on small fires.
3. Inform your crew of the local emergency response telephone number.
4. Tell cast and crew members to be aware of who is working with them, in case they need to notify emergency personnel of missing persons.
5. Designate a post-evacuation assembly area, where your crew should gather by department, and Department Heads should count their employees and note anyone missing.
6. Tell your crew never to re-enter an evacuated building until emergency personnel say it is safe to do so.
7. Report any safety concerns to the Anonymous Safety Hotline at (818) 954-2800"qt : 99/788/: 2230'
8. **ON LOCATION:**
 - a) See to it that pertinent Emergency Plan information is attached to the call sheet.
 - b) Address any egress or evacuation issues in the daily safety meeting and note them in the daily Production Report
 - c) See to it that employees are informed of emergency escape routes and any location-specific hazards, such as lead paint, asbestos, traffic, etc.

Orientation for Young and New Workers

Please use this checklist when training young and new workers on health and safety in your workplace.

Date of Orientation: _____

Supervisor's Name: _____

Topics To Be Discussed

General orientation:

*Each worker need only receive this once. Actsafe's infosheet contains a summary of this information that can be photocopied for distribution, **however** it is the employer's responsibility to make sure it is read and understood.*

- Employer's rights and responsibilities under the Workers Compensation Act
- Worker's rights and responsibilities under the Workers Compensation Act
- Right to refuse unsafe work

To be reviewed at each new location:

- Workplace health and safety rules
- How to report unsafe work conditions
- Emergency procedures
- Location of first aid facilities
- How to get first aid and/or report injuries and illness
- Location of fire exits and fire extinguishers
- Name and contact information for worker's supervisor
- Specific Instruction and demonstration of worker's work task/process

If applicable:

- Potential workplace hazards
- WHMIS and location of MSDSs
- Working alone procedures
- Violence in the workplace (ie. risks from robbery, assault, confrontation, etc...)
- Personal protective equipment (PPE)

With young workers, if applicable:

- Employers Health & Safety Program
- WHMIS and location of MSDSs
- Contact information for the Joint Health & Safety Committee or the worker health and safety representative

Other topics covered: _____

Circulate a sign-in sheet and attach to the checklist if the workers are not listed on the DPR.

| Young and New Worker Orientation Attendance | |
|-----------------------------------------------------------------------------------|--------------------|
| Production: | Date: |
| Location: | Instructor: |
| Attendees Print and Sign Names Below Use additional sheets if necessary | |
| Print Name | Sign Name |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
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| 17. | |
| 18. | |
| 19. | |
| 20. | |

PRODUCTION STAGE HAZARD ASSESSMENT CHECKLIST

For any items found to be deficient, follow up with appropriate Key or Department Head, or Production Safety Representative

| | | | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
| Production Name: | | To Be Completed By: | <i>1st Assistant Director or Designee</i> |
| Copies Sent To: | <i>Production Safety Representative</i> | To Be Stored By: | <i>Production Office Coordinator</i> |
| Production Location: | | Today's Date: | |
| Special Instructions: | <i>Complete a Hazard Assessment Checklist every other week for every stage used by Production. **Mark "N/A" for any items not applicable to your stage.**</i> | | |

GENERAL

| | | |
|--------------------------|------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> N/A | <i>Safety Poster</i> completed and displayed in a location where all employees are likely to see it. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Entrances to stage are clear of trip hazards. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | General housekeeping in good order. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Fire extinguishers accessible and "FIRE EXTINGUISHER" signs visible. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Appropriate safety equipment available. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Four-foot perimeter, aisles and passageways free of hazards. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Flats appropriately secured and braced. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Pits and floor openings covered or otherwise guarded. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | All exits free of obstructions and "EXIT" signs visible. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Directions to exits, when not immediately apparent, marked with visible signs. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Standard stair rails or handrails on all stairways having four or more risers. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | No storage under occupied raised platforms. |

PAINT AND CHEMICAL PRODUCTS

| | | |
|--------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Covered metal cans used for paint and paint-soaked waste. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Portable eye wash station present and "EYE WASH" sign is visible. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Paints, adhesives, solvents and chemicals kept in closed containers when not in use. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Each container (vat, bottle, storage tank, etc.) for a hazardous substance labeled with product identity and hazard warning. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Pressure vehicles/cylinders properly stored. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | All propane has been removed from the stage. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | All paint and chemical-containing products disposed of properly using certified hazardous waste company. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | <i>No paint or chemical products allowed in storm drains, sinks, or toilets.</i> |

AERIAL PLATFORMS AND LADDERS

| | | |
|--------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Only trained and authorized personnel allowed to operate aerial platforms. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Approved safety harnesses and lanyards worn when using aerial platforms. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | All ladders maintained in good condition and safety labels visible. (Take note of joints between steps and side rails, all hardware and fittings, and movable parts.) |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Ladders kept clear of doorways, exits, and passageways. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | When a ladder is used to gain access to an elevated work area, the ladder extends at least 3 feet above the elevated surface. |

PERMANENTS - Catwalks

| | | |
|--------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Guard rails (top and middle) and toe boards present and properly secured on all sides of the catwalks (except at the entrance to stairways or ladders.) |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Catwalks free of trip hazards (rope, bracing, electrical cables, protruding nails, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | All floating slats in place and spaced correctly. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Sufficient access and working space provided and maintained about all electrical equipment to permit ready and safe operations and maintenance. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | House lighting in good working order. |

(Form continues on back of page.)

PERMANENTS - "O" Zones

| | | |
|--------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Fall protection systems being used. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | "O" Zones free of trip hazards (rope, protruding nails or bracing, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Hoisting areas designated and appropriate for the task. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | When hoisting material or equipment, provisions made to assure no one will be passing under the suspended loads. |

PERMANENTS - Electrical

| | | |
|--------------------------|------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> N/A | All wires and/or cords free of fraying and deteriorating insulation. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Electrical cords or cables routed neatly to one side of the catwalk to prevent tripping. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | The bull cans have "WARNING" signs. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | The bull cans are closed. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | All set lights and/or overhead lighting fixtures (e.g. chandeliers) have a safety tie. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | DC or AC cable runs and over current protection devices clearly identified and marked. |

GREEN BEDS

| | | |
|--------------------------|------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Green beds properly hung. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Green beds properly braced. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Hand and mid rails in place. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Cables properly stored or run neatly down one side of green bed. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Floor boards in good condition, not broken or holes outstanding. |

| | | |
|--------------------------|---------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | NOTES: | <i>Please contact the Production Safety Representative if any unsafe conditions exist.</i> |
|--------------------------|---------------|--------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Surveyed By: | <input type="checkbox"/> Title: |
|----------------------------------------------|----------------------------------------|

| |
|--------------------------------------------|
| <input type="checkbox"/> Signature: |
|--------------------------------------------|

LOCATION ON-PRODUCTION HAZARD ASSESSMENT CHECKLIST

The following information is presented as a general safety checklist to help identify potential production location safety issues.

| | | | |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
| Production Name: | | To Be Completed By: | <i>Location Manager or 1st AD</i> |
| Copies Sent To: | <i>Unit Production Manager</i> | <i>Safety Representative</i> | To Be Stored By: <i>Production Office Coordinator</i> |
| Today's Date: | | Location Name: Location Address: | |
| Special Instructions: | When: <i>During location production.</i> Frequency: <i>At each new location.</i> **Mark "N.A." for any items not applicable to your production** | | |

| | | |
|--------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> N/A | <i>Location Safety Poster</i> is completed with appropriate emergency information and posted. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | <i>Los Angeles City Fire Department Location Inspection Report</i> completed daily and kept at location in case of LAFD spot inspection. Send accumulated forms to Safety Representative after location is wrapped. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Exits are functional and properly marked. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Building is equipped with emergency lighting. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Building is equipped with a functional fire sprinkler system. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Fire extinguishers are available and tagged with the date of the last inspection. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Fire lanes are kept clear (20 feet wide), and fire hydrants are not blocked. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Elevator Permits re available and capacity limits discussed. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Determine where electrical generators will be placed so that generator exhaust gases will not blow into the crew area, office buildings or sound stages. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Designate locations for generator trucks, refueling trucks and water tenders. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | No vehicles are parked within a minimum of 20 feet from tents. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Handrails, guardrails and/or lifelines are available if needed for roofs, platforms, cliffs, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Hazard signs such as Danger, Warning, Caution, Keep Out, etc. posted if needed (including No Smoking signs) |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | Employees are not exposed to any asbestos, lead paint, chemicals, unidentified trash/debris, or excessive animal feces. If these are present, contact Safety Representative at (818) 954-2890. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A | <i>At the conclusion of filming, all production-produced directional signs to the location are removed and properly disposed.</i> |

Notes: (Use this space or reverse to indicate any other conditions that may require special attention.)

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|----------------------|-------------------|
| Completed By: | Signature: |
|----------------------|-------------------|

SERIOUS INCIDENT REPORTING PROCEDURES

Incidents that result in transportation by ambulance, visitation to the hospital by one or more employees, any treatments other than general first aid, death or serious injury or illness to an employee, or any serious property/asset damage, must be reported as follows:

Unit Production Manager Responsibilities:

In the event of a serious accident, injury or mishap, AFTER ALL NECESSARY EMERGENCY PERSONNEL ARE CALLED, the UPM should contact the PRODUCTION EXECUTIVE WITHOUT EXCEPTION.

Name: _____ Office: _____ Cell: _____

If you are unable to reach your Production Executive you should call Sue Palladino, Executive Vice President of Production:

Office: (818) 954-7171, Cell: (818) 257-1202.

After discussion with your Production Executive and with her/his instruction, the following people will be notified:

- Shane Rogers of WBSF Safety & Environmental Affairs Cell: (250) 883-9919; Safety Hotline: (877) 566-8001
- Amanda Cooper of WB Risk Management Office: (818) 977-3277; Cell: (818) 438-7295
- Sam Wolfson of Labor Relations* Office: (818) 954-7269; Cell: (818) 219-3218
- Tammy Golihef of WBTV Worldwide Publicity Office: (818) 954-4855; Cell: (310) 779-9724

**Under the union collective bargaining agreements, union notification is required of any injury, regardless of the severity.*

If the incident occurred within the Province of British Columbia and resulted in transportation by ambulance, visitation to the hospital by one or more employees, death or serious injury or illness to an employee, or any treatments other than general first aid, WorkSafeBC must be notified IMMEDIATELY on the EMERGENCY LINE at 604-276-3301. The accident/incident site must be secured and left undisturbed (except to rescue the injured or prevent further injuries) until a WorkSafeBC representative arrives to conduct an investigation, or informs you that securing the site is unnecessary. An "Employer's Incident Investigation Report (EIIR)" should be completed by the Production. Your Production Safety Representative will assist you. The form is available at www.canadianproduction.com.

Information which is required to be reported:

- Time and date of accident.
- Employer's name, address and telephone number.
- Name and job title of person reporting the accident.
- Address of site of accident or event.
- Name of person to contact at accident site.
- Name and address of injured employee(s).
- Nature of injury.
- Location where injured employee(s) was (were) moved to.
- List and identities of other law enforcement agencies present at the accident site.
- Description of accident and whether the accident scene has been altered.

NOTE: Failure to notify WorkSafeBC of a serious injury or fatality will be considered a breach of section 172 of the Workers Compensation Act, and may result in an administrative penalty.

The Production Safety Representative will direct you to complete an **Employer's Incident Investigation Report (EIIR)**. The completed report should be sent to the Production Safety Representative and Labor Relations for review and approval, and then sent to WorkSafeBC. The approved EIIR should also be shared with the production's Health & Safety Committee and the BC Union Council.

Any accident should be noted on the back of the Production Report on the date the accident occurred by identifying only the name of injured employee and classification.

CAUTION: Written and/or verbal statements should not be taken unless authorized by the Studio Legal Department. Speculation regarding the cause(s) of accident(s) are not to be included as part of any investigation report. Speak with your Production Safety Representative for direction.

Set Medic/First Aid Attendant Responsibilities:

1. Notify the UPM of the injury.
2. Provide the patient with **Workers Compensation Form** or local equivalent. (The patient must sign and date a receipt. If the patient refuses the form, be sure to document this in your notes.)
3. FAX completed forms to the appropriate **Workers Compensation Department**:
 - a) Warner Bros.: (818) 977-6787
 - b) Cast & Crew: (818) 848-4614
 - c) Entertainment Partners: (818) 559-3283
 - d) Production Safety Representative: (818) 954-2805
4. SEND a completed copy of the form to your **Production Executive** with that day's production report.
5. Fill out **Employer's Report of Injury or Occupational Disease (Form 7)** or local equivalent. Record the patient's recounting of events in quotes. DO NOT SPECULATE.
6. FAX completed Form 7 (or local equivalent) to the **Production Safety Representative** at (818) 954-2805.
7. Complete a **Refusal of First Aid** form if the employee refuses to be treated at the scene of the incident or transported to the hospital.

Under the guidance and direction of the Studio Legal Department, the Production Safety Representative will conduct any additional accident investigations necessary.