

EMPLOYEE ACKNOWLEDGMENT
General Safety Guidelines for Production

Production Name: _____

(Turn in to Production Office Coordinator upon completion.)

I understand:

- I have the right to refuse unsafe work, and to express my concerns regarding health and safety matters without fear of reprisal.
- This Production has an Industrial Health & Safety Program. It is available for review in the Production Office, on-set with the 1st AD, or online at canadianproduction.com.
- I have received and will abide by the General Safety Guidelines for Production.
- I will see my Supervisor or call the Anonymous Safety Hotline at (877) 566-8001 if I have questions or need training.
- If I am injured or feel ill for any reason, I will notify my Supervisor and/or First Aid immediately.
- This Production has a strict fall protection policy: I will always wear a full-body harness with a lanyard attached to an appropriate anchor point whenever I am in a condor, a scissor lift, a man lift, or working on any elevated work surface. *(See Fall Protection section of attached General Safety Guidelines for Production.)*
- This Production has a strict table saw use policy. I will always use the saw guard, unless making certain cuts as authorized by my supervisor.
- I will not knowingly operate any machinery that is not in good working order. Any deficiencies I notice will be tagged and brought to the attention of my supervisor.
- I will not perform any potentially hazardous activity that I have not been trained to do.
- Additional safety guidelines are available from my Supervisor and/or canadianproduction.com. These guidelines include:
 - Aerial lifts – including condors, scissor lifts, man lifts.
 - Working from Heights – including ladders, soundstage permanents, rooftops and scaffolding.
 - AMPTP Safety Bulletins.
 - Codes of Safe Practices.
 - Tool Box Talks.
 - Safety Data Sheets (SDS).

IMPORTANT!

***By signing this form you do not waive any of your rights
under Workers' Compensation laws.***

Employee Name (print): _____

Employee Signature: _____

Production/Dept: _____

Location: (stage/bldg.) _____

Date: _____