

Special Effects Safety Inspection Checklist

Production: _____ Production Schedule: _____

Location: _____ Completed by: _____

Basic Procedures

1. Notify all personnel involved of your intention to involve special effects.
2. Conduct a detailed briefing of the action: What will happen, who it will happen to, the hazards involved, equipment involved, emergency procedures and the location of emergency medical facilities.
3. Answer any questions or respond to concerns completely.
4. Allow adequate rehearsal time.
5. Have one last briefing and dry run to insure everyone's understanding.
6. If there are any changes, review from the beginning.
7. Clear the set of unnecessary personnel.
8. Make sure that communications are absolutely clear between everyone involved.

Briefly describe the special effects to be used: _____

Please answer yes, no, or N/A for “not applicable”, for all of the following questions.

			<i>Question/Concern</i>	<i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do all Special Effects Personnel have proper Special Effects Cards in their possession?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If smoke is being used, has proper ventilation been provided and is safety equipment required?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have Material Safety Data Sheets (MSDS) been obtained for any hazardous substance to be used?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you planned procedures for: <ul style="list-style-type: none"> ◆Human Error ◆Outside Interference ◆natural acts (i.e. weather changes) ◆mechanical error ◆anything unexpected 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has all special effects equipment been carefully inspected, especially after each use?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the following personnel been briefed on the specifics of the effects: <ul style="list-style-type: none"> ◆Special Effects Coordinator ◆Assistant Directors ◆Production Safety Coordinator ◆Cast ◆Medic/First Aid ◆Fire Safety Officer ◆Security Officers 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	After each run-through, has the effect been set up to run	



again exactly as originally planned?

Yes No N/A

If changes have been made, are all involved parties aware of and comfortable with the changes?

Yes No N/A

If animals are involved, have the procedures for proper animal handling been reviewed?

Yes No N/A

If children are involved, have you obtained the teacher/welfare workers' approval?

Yes No N/A

Have proper arrangements been made for emergency medical services?

- ◆Is a doctor needed on the set?
- ◆Is a stand-by ambulance or helicopter needed?
- ◆Has the nearest emergency medical facility been notified of your work?

Yes No N/A

Do any safety modifications need to be made?

Key Personnel

Special Effects Coordinator

Stunt Coordinator (If Applicable)

Assistant Director

First Aid

Production Safety Coordinator

Transportation Coordinator

Local Police Department

Phone Number

Local Fire Department

Phone Number

Signature

Date

