

## **Special Effects Safety Inspection Checklist**

Production:				Production Schedule:				
Location:				Compl	Completed by:			
Basi	c Pro	cedure	<del></del>					
1. 2.	Conduc	tify all personnel involved of your intention to involve special effects.  Induct a detailed briefing of the action: What will happen, who it will happen to, the hazards blved, equipment involved, emergency procedures and the location of emergency medical lilities.						
3.	Answer	nswer any questions or respond to concerns completely.						
4. 5.	Allow adequate rehearsal time.  Have one last briefing and dry run to insure everyone's understanding.							
6.	If there are any changes, review from the beginning.							
7. 8.	Clear the set of unnecessary personnel.  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.								
Question/Concern					, for all of the following o	Comments		
□Yes	□No	□N/A	Do all Special Effects Per Effects Cards in their pos					
□Yes	□No	□N/A	If smoke is being used, he provided and is safety eq	as proper ventilation been uipment required?				
□Yes	□No	□N/A	Have Material Safety Dat obtained for any hazardo	a Sheets (MSDS) been us substance to be used?				
□Yes	□No	□N/A	Have you planned proced  Human Error  Outside Interference  natural acts (i.e. weather	<ul><li>mechanical error</li><li>anything unexpected</li></ul>				
□Yes	□No	□N/A		s all special effects equipment been carefully pected, especially after each use?				
□Yes	□No	□N/A	Have the following person specifics of the effects:  *Special Effects Coordina  *Assistant Directors  *Production Safety Coord  *Cast	ator	◆Medic/First Aid ◆Fire Safety Officer			

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□Yes □No □N/A	After each run-through, again exactly as origina	has the effect been set up lly planned?	to run			
□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 Coordinate	or	Stunt Coordinator (If Applicable)				
Assistant Director		First Aid				
Production Safety Coordin	nator	Transportation Coordinator				
Local Police Department		Phone Number				
Local Fire Department		Phone Number				
Signature		D	ate			