



- Yes No N/A 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