

Location Recording Safety Form & Risk Assessment

Adran Astudiaethau Theatr, Ffilm a Theledu Department of Theatre, Film and Television Studies.

This Location Recording Safety Form is designed to ensure that you have considered all the safety implications for your shoot and help you minimise or remove any risks present in each location.

Completion and approval of this form is required for all departmental film, photographic and sound recordings. A separate form is required for each and every location, whether you are using departmental equipment or equipment from another source, otherwise you will not be covered by the university’s public  liability insurance should somebody claim against you for injuries or damage to property.

Download and complete this template form and save it as a Word document using your name, planned equipment collection date and module code, e.g. ‘Emily Jones 31-01-22 FM10420.doc’, then email it to your course leader.

Forms must be submitted at least 24 hours before your planned collection date.

Forms for weekend-filming must be submitted before 15.00pm on the Thursday.

Bear in mind that these are the latest times that forms can be submitted, make sure you allow enough time for corrections to be made and the forms resubmitted if errors are found or details need clarification.

Submission of this form does not constitute an equipment booking, you must also book the required equipment via the online booking system *Connect2:* https://tftsbookings.aber.ac.uk.

Once your forms have been approved, you should send a copy to all persons involved in the shoot so that they can read and familiarise themselves with any safety measures which apply to them whilst on each location.

You must familiarise yourself with the university’s guidance on Health safety and wellbeing which can be found on the university Website.

Guidance on filling out the risk assessment in section 4 of this form can be found here:

<https://www.aber.ac.uk/en/hse/proc-prac/risk-assessment/#template-and-guidance>

Guidance on filming during the Covid-19 pandemic can be found on the connect2 website.

If the police or other body require it, the university’s public liability certificate can be requested from the technical team.

Section 1 - Production

1a. Production information.

|  |  |
| --- | --- |
| Production name or group number:  | Name of person filling in this form:  |
| Module:  | Lecturer: |
| Time and date production shooting will begin:Click or tap to enter a date. | Time and date production shooting will finish:Click or tap to enter a date. |
| **Names of everyone in the production, including actors, extras and crew.** |
| **Name:** | **Role:** | **Email address:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1b. Shooting schedule.

 Use this section to plan your shooting locations

|  |  |  |  |
| --- | --- | --- | --- |
| Scene Name/Number | Location Name | Date of Shoot | Risk Assessment Number |
|  |  | Click or tap to enter a date. |  |
|  |  | Click or tap to enter a date. |  |
|  |  | Click or tap to enter a date. |  |
|  |  | Click or tap to enter a date. |  |
|  |  | Click or tap to enter a date. |  |
|  |  | Click or tap to enter a date. |  |
|  |  | Click or tap to enter a date. |  |

|  |  |
| --- | --- |
| Form No. |  |

Section 2 – Locations

Each location needs a separate *Section 2. You can copy section 2 by pressing the small + to the right of the screen when hovering over any part of section 2.*

2a. Location Details.

|  |  |
| --- | --- |
| **Location address:** | **Type of location** (e.g. street, station, living room, kitchen, café, etc.): |
|  |  |
| **Date and time of shooting on this location:** |
| Start date & time: | Finish date and time: |
| Click or tap to enter a date.  | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Have you visited the location to assess suitability? (Y/N) (If no, you must visit the location to be able to fill in the rest of this form) | Choose an item. |
| Will you be filming in the street, (i.e. roadside, pedestrian precincts, etc.)? (Y/N) | Choose an item. |
| If the answer to the previous question was yes, have the local police been notified? (Y/N) | Choose an item. |
| Will there be members of the public present? (Y/N) | Choose an item. |
| Describe the type of action or event being filmed, indicating how subjects and camera will be moving in the context of the action. |  |
| Please indicate if the scene involved any of the following |
| Smoking | Stunts | Staged Fights | Weapons/Replica Weapons | Tracks and/or Dollys | Moving Vehicles | Working at height |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  **Your contact for the location:** **(This must be a person with the authority to grant permission to film there)** |
| This information is required for any filming whether on University premises, on private property or in public places such as stations, parks, streets, cemeteries, car parks, etc. Be aware some locations may require payment to use their land or release forms for recording the image of the buildings.If you are filming in the street you must contact the relevant local authority to obtain permission to film on the dates and at the times requested.Be aware that for any street filming, road closures or filming which is likely to impact on the wider community, you must notify the local police. You may phone the non-emergency 101 number, or visit  the  local  police  station. They  will  take  details  of  the  shoot - such as a copy of this form, and proof of Public Liability Insurance Certificate | **Name of contact:** |
| **Their role at the Location (e.g. manager, owner):** |
| **Their address, if different from the location:**  |
| **Their phone number and email address:**  |

2b. Emergency information.

|  |  |
| --- | --- |
| Visit [www.nhs.uk/service-search](http://www.nhs.uk/service-search). Enter each location’s postcode to find the nearest hospital or medical facility. Print a map for your crew showing the route from the location to the centre.If it is a life threatening injury or the person cannot be moved, dial 999 immediately. If, in the event of a serious injury, an ambulance is called to your location, find out which hospital the casualty is being taken to so you can advise those concerned.All medical or dangerous incidents and near misses must be reported to the technical team as soon as it is safe to do so. | **Address of the nearest Walk-in-Centre or Minor Injury Unit to the location:** |
| **Telephone number:** |

2c. Risk assessment.

|  |
| --- |
| In the table below, you must note every hazard found on your location and the actions you are going to take to reduce the risk they pose to the people in the location, some guidance for this can be found in the *Location Recording Safety Guidance Document*. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard or Hazardous Activity:** | **Persons at Risk:** | **Risk Factor:** | **Control Measures Required:** | **Residual Risk:** |
| List what could cause harm from this activity | Describe who may be affected by the hazard | For each hazard, decide the level of severity and likelihood then calculate the risk (using the table under the risk assessment) as if you were to do the activity without any controls. | For each hazard, list the measures you will be taking to minimise the risk identified, e.g. appointing competent persons, training received, planning and try-outs, use of personal protective equipment, referring to the *‘Filming on Location Safe Recording Practice’* and other relevant policies and procedures. | For each hazard decide the residual severity, likelihood and risk after the control measures are in place. |
|
|
| **Severity** | **Likelihood** | **Risk** | **Severity** | **Likelihood** | **Risk** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Risk matrix –** *use this to determine risk for each hazard i.e. ‘how bad and how likely’* | **Likelihood of Harm** |
| **Severity of Harm** |  | **Very Unlikely (1)** | **Unlikely (2)** | **Fairly Likely (3)** | **Likely (4)** | **Very Likely (5)** |
| **(1) Negligible** e.g.*small bruise* | **1** | **2** | **3** | **4** | **5** |
| **(2) Slight** *e.g. small cut, deep bruise* | **2** | **4** | **6** | **8** | **10** |
| **(3) Moderate** *e.g. deep cut, torn muscle* | **3** | **6** | **9** | **12** | **15** |
| **(4) Severe** *e.g. fracture, loss of consciousness* | **4** | **8** | **12** | **16** | **20** |
| **(5) Very Severe** *e.g. death, permanent disability* | **5** | **10** | **15** | **20** | **25** |



|  |  |
| --- | --- |
|  | Permission obtained? (Y/N) |
| Please list all of the permissions required for this shoot including any release forms, and indicate whether or not you have obtained it. When you submit this form to your course tutor you should also attach copies of permissions granted. |  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |

3. Permissions

4. Equipment

Please list the equipment you are going to be using below. Filling this in does not constitute a booking. Bookings need to be made on connect2 and are subject to availability.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

5. Declaration.

By sending this form to your lecturer as an email attachment, you are effectively signing the following declaration:

‘I hereby state that I have been given suitable training by the Department of Theatre, Film and Television Studies in filming on location and how to complete this safety risk assessment.

I take full responsibility for implementing appropriate safety precautions for this recording, as described in this form, which to the best of my knowledge is accurate and complete.

I have obtained the necessary permissions to record as above and can provide written evidence on demand. Furthermore, if the hazards on location are found to be different from those expected, I will suspend all recording activity and seek instruction from my lecturer.’

6. Checklist

Please complete this checklist prior to sending off your paperwork to your tutor.

[ ]  I have completed section one with details of my planned dates, production crew and actors.

[ ]  I have listed all of my locations that I am planning on shooting in.

[ ]  Each location has a separate section 2 completed with a relevant risk assessment.

[ ]  I have had relevant training in the equipment I would like to use

[ ]  I have permission to use my locations and will include proof of this with this form.

[ ]  I have discussed with my course tutor any activities which are potentially risky.

[ ]  I have discussed with a member of the technical team any activities which are potentially risky including use of weapons, working with children etc.

[ ]  I have included a full list of equipment, including that of my own that I intend to use and understand that this does not constitute a booking.

[ ]  I have read and understood the declaration.