**FILM** **AND** **SCREEN** **MEDIA** RISK ASSESSMENT FORM

This form is required for specialist location filming by Film & Screen Media students and should be filled out before any location work is undertaken. Completed forms must be emailed to [barry.reilly@ucc.ie](mailto:barry.reilly@ucc.ie) at the time of booking equipment. After your form is approved, you must ensure that any significant safety risks, and their associated control measures, are effectively communicated to anyone that may be affected by them.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Course** **Year:** |  |
| **Contact** **no.(mob):** |  | **Date and** **Time of** **shoot:** |  |
| **Location:** |  | **Local** **Contact:** |  |
| **List** **other** **crew members and cast:** |  | | |

Number any of the activities/risks below that apply to your production, and on the next page answer the questions for each one.

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| --- | --- | --- | --- | --- | --- | --- |
| **Restricting** **Access** **in** **Public** **Areas** | |  | **Possibility of Theft** |  | **Use of Exposed flames / Fire / Candles** |  |
| **Involvement of Actors / Performers / Children** | |  | **Filming Outdoors** |  | **Fight** **Sequences / Prop Weapons** |  |
| **Working** **at** **Height** | |  | **Use of Cabling** |  | **Lone** **Working** |  |
| **Filming Close to Vehicles / Traffic** | |  | **Use** **of** **Specialist Equipment** |  | **Exposure to Loud Noise** |  |
| **Uneven / Slippery Surfaces** | |  | **Manual** **Handling** |  | **Use of Smoke** **/** **Pyrotechnics** |  |
| **Filming on location near Rivers / Seas / Lakes** | |  | **Filming On** **Campus** |  | **Filming in Public Buildings** |  |
| **Filming in Private Dwelling / Student Accommodation** | |  | **Filming Outside** **of** **Normal** **Office** **Working** **Hours** |  | **Use of Redhead** **800W** **Lighting** |  |
| **Other** **Possible Risks** (**please** **state):** |  | | | | | |

**1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity/risk identified on Page 1** | **How might these activities/risks result**  **in accident/injury?** | | **What measures are already in place to**  **minimize or eliminate the risks identified?** | | **What further actions are necessary?** | | **Action by**  **whom** | | **Action by**  **when** |
| 1 |  | |  | |  | |  | |  |
| 2 |  | |  | |  | |  | |  |
| 3 |  | |  | |  | |  | |  |
| 4 |  | |  | |  | |  | |  |
| 5 |  | |  | |  | |  | |  |
| 6 |  | |  | |  | |  | |  |
| 7 |  | |  | |  | |  | |  |
| ‘I hereby state that I have read and understood the Department of [Film and Screen Media Location Filming Practices and Procedures](https://www.ucc.ie/en/media/academic/filmstudies/files202021/LocationFilmingPracticesandProcedures2020-2021.docx)\* and take full responsibility for implementing appropriate safety precautions for this recording, as described in this form, which is to the best of my knowledge accurate and complete. Furthermore, if the actual safety risks are found to be higher than expected, I will suspend all recording activity and seek instruction from the Department Technical and Safety Officer, Barry Reilly.’ *\** *available* *in* *the* *Student* *Area* *of* *the* *Film* *&* *Screen* *Media* *website.* | | | | | | | | | |
| **Student** **Name** | |  | | **Sign (Print name)** **/** **Date** | |  | |  | |
| **Contacts** **for** **Medical** **Service** **and** **Emergency** **Protocol** | | Cork University Hospital, Accident & Emergency.  **Phone: 021 492 0200** | | University General Services Emergency  **Phone: 021 490 3111** | | | | | |
| Gardaí Emergency.  **Phone: 112** (or **999** if life threatening) | | University Student Health  **Phone: 021 490 2311** | | | | | |

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