

RISK ASSESSMENT FORM

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Student Name		Year of Study	
Student ID		Contact Email	
Production Name		Role on Production	
Course Code		Assignment	
Professor			

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Production Dates

Crew List

Cast List

RISK ASSESSMENT - Please indicate all risks associated with your production by checking all applicable boxes.

- | | | |
|---|--|---|
| ☐ Stunts (talk to Prof) | ☐ Hazer (INTs- Mon - Fri 8am - 4pm.)
• Facilities must approve | ☐ Filming after 8:30pm Monday - Friday |
| ☐ Weapons (of any kind) | ☐ Special Equipment
(jib, rented equipment etc) | ☐ Filming on weekends |
| ☐ Police/Security Uniform | ☐ Obstruction of Pedestrian Traffic (sidewalks/hallways) | |
| ☐ Shouting/Screaming/Running | ☐ Moving Vehicles (including cars, boats, bikes, etc) | |

Use the text box below to describe the scene and your safety plan for each risk checked above. Send the completed form to your course Professor for approval and to Canadore's Health & Safety Department for final submission.

Kimberly.Forsyth@canadorecollege.ca

THIS FORM MUST BE SUBMITTED AT LEAST 48 HOURS (2 School Days) PRIOR TO YOUR SHOOT DATE

Security Approval ☐ Name

Professor Approval ☐ Name

I agree to follow safety regulations and precautions as communicated to me by Campus Security and my Professors.

Sign

Date