PRODUCTION LOCATION RISK ASSESSMENT

Project Name:	Clare's Mark
Contact:	Megan Parker
Telephone number:	01432 344039
Address:	Rural Media, Packers House, 25 West Street, Hereford HR4 0BX
Dates:	11th April 2019
Number in group:	10-15 people
Number/name of supervisors/teachers:	Dan Haworth-Salter
Filming/Workshop Location:	Residential house, living room
Name of any other RMC workers involved in workshop:	Leanna Amos

	HAZARD (✓ if present)	✓		HAZARD (✓ if present)	✓
1	Workshop space		17	Night operation	
2	Type of group		18	Noise – high sound levels	
3	Alcohol/drugs		19	Non standard manual handling	
4	Animals/insects		20	Public/crowds	
5	Audiences		21	Radiation	
6	Camera cable/grip equipment	✓	22	Scaffold/Rostra	
7	Confined spaces	✓	23	Smoking on set	
8	Derelict buildings/dangerous structures		24	Special effects/explosives	
9	Electricity/gas (other than normal supplies)		25	Special needs (elderly, disabled, inexperienced)	✓
10	Fatigue/long hours	✓	26	Specialised rescue/first aid	
11	Fire/flammable materials		27	Stunts, dangerous activities	
12	Hazardous substances		28	Tall scenery/suspended ceilings	
13	Heat/Cold/extreme weather		29	Vehicles/speed	
14	Laser/strobe effects		30	Water/proximity to water	
15	Machinery/industrial/ crane/hoist		31	Weapons	
16	Materials - glass, non-fire-retardant set materials		32	Working at heights	

Hazard Identified and Risks Arising *Identify and list what could reasonably cause harm. Against each identify who is at risk i.e. who could be harmed and how.*	Risk Assessment and Action to take *For each, evaluate the risks and decide whether existing precautions are adequate or more needs to be done.* Risk assessment – action to take Negligible – probably acceptable Low Risk – action may be required Moderate Risk – programme for action Severe – high priority Very Severe – take immediate action
Possible camera/sound/lighting equipment cables, a trip hazard.	Low Risk- Due to the nature of the 360 film, all equipment must be hidden. Even the camera does not have any lose/visible cables and the use of practical lighting and Lavaliere microphone for sound.
Actor and camera in a confined space, in a coffin. Actor could become distressed or trapped. Or the actor could damage the camera. And if the table/surface isn't strong enough, it could collapse from the weight, leading the actor to fall.	Severe Risk- The action to take for this is to talk to the actor prior to the shoot, explaining in detail what is going to happen on the shoot and making them aware that they can stop at any time, and are safe. Preparing for the actual shoot with a recce, planning how the actor will be lying and where the camera will go, to make sure everything is secure. Including some testing to see if the table/surface the actor is lying on is sturdy enough to hold the weight.
All will be working a full day shoot, therefore there is the danger of fatigue/long hours.	Severe Risk- We are working to a tight schedule, however, have included at least 2-3 long breaks. We are also providing plenty of food and hot drinks, along with an abundance of water. Also, in the initial cast and crew meeting at the beginning of the day, we will mention that if anybody needs a break at any time then we will provide them the space to do so.
Special needs (inexperienced)	Low risk. The cast will mostly consist of unprofessional actors so there is the risk that they will not know what to do/where to go or behave unprofessionally. However, in the meeting at the beginning to the shoot we will make everything as clear as possible for them and make them feel free to ask any questions. And if some people do act in an unprofessional manor, then we will have to ask them to leave immediately.

I am satisfied that the above constitutes a proper and adequate risk assessment in respect of the workshop activity and that the action(s) to take identified above is/are sufficient to control the risks to learners, participants, staff and members of the public.

Signature

…………………………………………………………………………………….
SIGN AND PRINT NAME OF PROJECT MANAGER/PRODUCER

Date

…………………………………………………………………………………

Signature

…………………………………………………………………………………….
NAME, TITLE AT RMC

Date

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