

WIRED VIDEO RISK ASSESSMENT TEMPLATE



RISK ASSESSMENT FORM

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Production office telephone: 020 77293759

Shoot dates:

List of location(s) form relates to:

Production manager name and mobile number;

Complete the following table rating

- each risks severity on scale from Negligable (N), Low risk (L), Moderate risk (M), Severe (S), Very severe (V)
- each risks likelihood on scale from Very unlikely (VU), Unlikely (U), Possible (P), Likely (L), Very likely (VL)
- Determine the risk factor from the table overleaf.



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



Calculate the Risk Factor:

	Very Unlikely	Unlikely	Possible	Likely	Very Likely
Very severe	3	4	4	5	5
Severe	2	3	3	3	5
Moderate	2	2	3	3	3
Slight	1	2	2	3	3
Negligible	1	1	2	2	3

Decide the action to take:

5	Very severe	Take immediate action
4	Severe	High priority
3	Moderate Risk	Programme for action
2	Low Risk	Action may be required
1	Negligible	Probably acceptable

Then list each risk identified

Hazard no:	Risk Factor ([1-5]
Description		
Person(s) exposed (detail if cast/crew (C), outside company (O) or public (P))		
Action to take		
Person/company responsible for action		
To be completed at agreed l	ater date -	
Exposed person(s) informed? (y/n)	Agreed action taken? (y/n)	Risk removed? (y/n)

Completed by: Position: