

Motion Picture/Television

Course Name and Number:			
Prod. #:		Production Title:	
Producer:		Director:	

**SAFETY HAZARD REPORT FORM**

DATE: \_\_\_\_\_

DESCRIPTION OF HAZARD: \_\_\_\_\_

\_\_\_\_\_

LOCATION (Please be as specific as possible): \_\_\_\_\_

\_\_\_\_\_

ACTION REQUIRED (Please note if any immediate steps were taken to alleviate hazard):

\_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**This section may be used by the Production Office as documentation of response and corrective action, if any.**  
CORRECTIVE ACTION NECESSARY (Please describe who will correct the situation, what will be done and when, or explain why no corrective action is being taken.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date