**EMERGENCY ACTION PLAN**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Prior to beginning operations at a location, each location will be evaluated and emergency action procedures established. This Emergency Action Plan is designed to meet the requirements of 29 CFR 1910.38 and/or state equivalents. It includes the following:

**EMERGENCY CONTACTS:**

|  |  |  |
| --- | --- | --- |
| **Step 1** | **SUMMON EMERGENCY HELP IMMEDIATELY** |  |
| Fire | **Emergency:** 911  |
| Police | **Emergency:** 911  |
| Ambulance | **Emergency:** 911 |
| Nearest Hospital | [Name, Address and Phone Number of Nearest Hospital]. Hospital is located approximately [how far and in what direction] from production location or workplace. |
| **Step 2** | **CONTACT Company Safety Program Director** |  |
| Name | \_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number | \_\_\_\_\_\_\_\_\_\_\_(mobile) |

**Step 3 CONTACT Company Risk Management**

|  |  |  |
| --- | --- | --- |
| Name | Barrie Wexler |  |
| Office Phone Number | 212-846-7201 |  |
| Mobile/Alternate Phone Number | 917-838-9643 |  |

**EMERGENCY ESCAPE PROCEDURES**

Emergency escape routes are communicated to employees before work begins at a new location or whenever such routes are changed or modified. Employees are directed to assemble at a large open space away from the emergency site.

**EVACUATION ROUTES/SAFE ASSEMBLY AREAS: For each area used at this workplace, the evacuation routes and safe assembly area are posted in this building. [OR] are stated on the call sheet [OR] are as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

In the event of an emergency, employees will be alerted by means of a verbal announcement or other signal. Department heads and other supervisors will communicate by two-way radios, if available. They will then communicate to their employees. All employees will evacuate immediately, unless given other directions (such as to take shelter).

**Procedures to Account for Employees**

Department supervisors are responsible for knowing which employees are present on site and for accounting for all employees in their department at the designated assembly site. Department supervisors/leads/coordinators will also be responsible for any visitors, guests or contract employees under their direction. Department supervisors shall report anyone unaccounted for to the Safety Program Director or designee via two-way radio, if available.

**Rescue and Medical Personnel**

Before operations begin, the local hospital may be notified and made aware of the types of operations to be conducted and potential emergency scenarios. In the event that a stunt or special effect is to be conducted, fire personnel and an ambulance may be present or notified, as appropriate. Additional equipment appropriate to respond to potential emergencies arising from the stunt or special effect will be available on site.

**Means of Reporting Fires or Other Emergencies**

The Safety Program Director will ensure that a means to report fires or other emergencies has been established, and that contact information has been posted or otherwise been made available, in advance of starting operations at each location.

In the event of a fire, chemical spill or other emergency, immediately contact 911, unless fire department personnel are on site, in which case fire department personnel will call for backup as necessary.

In the event of a medical emergency, the on site medic, if present, will be called using a two-way radio. Two-way radios are widely distributed for emergency and other purposes. Typically, the medic will determine whether emergency response services should be called. Emergency responders may be called immediately if circumstances warrant, or if no qualified medical personnel are available.

The location of the local hospital and emergency contacts are listed above.

**Critical Operations**

No employees will remain to address critical operations. All employees will evacuate immediately.

**FIRE PREVENTION PLAN**

**Purpose**

The purpose of this Fire Prevention Plan is to identify potential fire hazards and measures taken to prevent a fire from occurring and to control the ignition and spread of fires. All employees, including Department Supervisors, are expected to follow the procedures outlined in this plan.

**Authority**

29 CFR 1910.39 and Cal/OSHA Title 8, Section 3221

**Potential Fire Hazards**

- Storage of combustible materials on stage or worksite

- Fire related special effects materials

- Electrical equipment and machinery, including set lighting

- Fuels used in equipment (e.g., forklifts, scissor lifts, etc.)

- Flammable paints, solvents or other chemicals

- Flammable materials and furnishings used on sets

**Fire Control Measures**

- Minimize storage of combustible material on stage, set or worksite

- Store flammable paints, solvents, chemicals in appropriate flammable storage cabinets,
or at least 100 feet from other areas of the set or worksite

- Secondary containment in place for drums of chemicals

- Full sprinkler system and/or adequate number, size and type of fire extinguishers within the building or at the set or worksite

- Maintain appropriate distances between set lighting and other electrical equipment and machinery and flammable materials

- Maintain all electrical equipment, machinery and connections in good condition

- Only operate electrical equipment and machinery (including set lighting) in accordance with manufacturer’s procedures and good practice

- Comply with FD rules regarding propane on stage or other enclosed areas and use of open flames

- Procure fire permit from FD prior to use of any open flame or fire special effects, as required by law

**Responsible Persons**

Name Title Phone Number

\_\_\_\_\_\_\_\_\_\_ Safety Program Director \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ Safety Program Coordinator \_\_\_\_\_\_\_\_\_\_\_

**PRODUCTION NAME**

**PRODUCTION LOCATION/ADDRESS**

**SAFETY INFORMATION**

**ANY WORKPLACE SAFETY OR HEALTH CONCERN MAY BE REPORTED ANONYMOUSLY BY CALLING:**

1. **SAFETY PROGRAM DIRECTOR: Name, Phone Number**
2. **SAFETY COORDINATOR: Name, Phone Number**
3. **SAFETY CONSULTANT: Name, Phone Number**
4. **PARAMOUNT ANONYMOUS SAFETY HOTLINE: 323 956-8955**

The leadership of this production is committed to and supports the Injury and Illness Prevention Program at all production locations. We urge each employee to join us in recognizing that an effective safety program requires the commitment and participation of every employee. A copy of the full Injury and Illness Prevention Program is available from the Safety Program Director.

EMPLOYEE SAFETY RESPONSIBILITIES

Every employee is responsible for complying with safety procedures and policies. Each employee should:

* Have a positive attitude toward safety and health;
* Participate in all required training sessions;
* Perform assigned job duties in accordance with the prescribed safety practices and procedures, including wearing personal protective equipment when required;
* Report to his/her supervisor potential hazards in the workplace, injuries, and/or accidents without fear of reprisal; and
* Assist/cooperate in workplace incident investigations.

Employees' disregard of safe work practices will not be tolerated. Any employee found in violation of a safety rule or guideline may be subject to disciplinary action, up to and including, termination of employment. Potential disciplinary actions for violations of safe work practices will be determined on a case-by-case basis.

It is the responsibility of everyone to make every effort to ensure a safe work environment for all involved.

**REPORT ALL INJURIES, ILLNESSES OR UNSAFE CONDITIONS IMMEDIATELY**