

Hazardous Activity Questionnaire

In order to properly evaluate the hazards involving aerial photography, stunts, activity on water, the use of watercraft, or other high-risk activities used in filming, please provide the information requested. (Further additional information may also be required). A separate questionnaire should be completed for each high-risk activity. Please be advised, review times may vary depending on the high-risk activities involved. NOTE: Cast & Crew/CAPS does not pay or provide Workers' Compensation for aircraft pilots or participants engaged in risky production activities without prior approval.

Cast & Crew CAPS

PRODUCTION COMPANY NAME	
PROJECT NAME	CONTACT NAME
CONTACT EMAIL	CONTACT PHONE NO.

Complete this form if any of the following applies:

Hazardous/High Risk Activities (check all that apply):

- Aircraft
 Athletes/Dancers
 Pyrotechnics
 Scuba Diving
 Stunts
 Watercraft/Activity on Water
 Weapons/Live Ammunition
 Wild Animals
 Skydiving
 Any Other Hazardous Activities not listed above (write in):

Activity in any Foreign Countries (list countries here):

LIST DATES OF ABOVE ACTIVITIES
LOCATIONS
DESCRIPTION OF SCENE BEING FILMED
DESCRIPTION OF STUNT/ACTIVITIES IN DETAIL

Name & title of each person involved in the stunt, or that will be in/on the aircraft/watercraft:
(include only Cast & Crew employees)

1	2	3
4	5	6
7	8	9
10	11	12
13	14	15

TOTAL NUMBER _____

Name of Safety Coordinator(s):

1	2	3
---	---	---

Person(s) in charge of stunt:

1	2	3
---	---	---

Is Cast & Crew/CAPS Paying the Following? (Check all that apply):

Actors Extras Production Crew Stunt Performers

NAME OF NEAREST EMERGENCY HOSPITAL	DISTANCE (MILES) FROM SITE
DESCRIPTION OF SAFETY PRECAUTIONS USED TO PROTECT PARTICIPANTS AND CREW (ATTACH SAFETY PLAN)	

Additional questions for aerial photography (including drones):

AIRCRAFT COMPANY NAME

Is the Pilot being paid by Cast & Crew/CAPS?

Yes No If yes, name: _____

* SUBMIT A COPY OF AIRCRAFT INSURANCE. SUBMIT A COPY OF PILOT'S LICENSE.

Additional questions for watercraft/water activities:

Is the Boat Rented? Yes No

If so, name of owner:

WHO WILL BE IN CHARGE OF THE BOAT?

Is Boat Captain being paid by Cast & Crew/CAPS? Yes No

Is Boat Crew being paid by Cast & Crew/CAPS? Yes No

Is the Boat Scheduled to Leave the Dock? Yes No

IF YES, DESCRIBE

Will there be any Stunt Activity in or around the Boat or in the Water? Yes No

IF YES, DESCRIBE

Have the Required Permits Been Obtained? Yes No

ADDITIONAL REMARKS

Please submit via email or fax the completed copy of this form to Cast & Crew.

Cast & Crew Entertainment Services, LLC- Workers' Compensation Department

Tel: 818.848.6022 Fax: 818.848.4614 workcomp@castandcrew.com

2300 Empire Avenue 5th Floor Burbank California 91504 T 818.848.6022 www.castandcrew.com

ALBUQUERQUE ATLANTA BATON ROUGE BURBANK DETROIT NEW ORLEANS NEW YORK WILMINGTON
TORONTO VANCOUVER