

NOTICE OF UNSAFE CONDITION

Cast and crew members should use this form to report any hazards or unsafe acts noted on the production. The reporting cast or crew member **is not** required to sign their name to the form. Turn in the form (may be done anonymously) to your immediate supervisor or the Production Environmental, Health and Safety (EHS) Representative. Forward a copy to the Unit Production Manager/Line Producer and the Production Office.

Production Name:	
Date Observed:	
Time Observed:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Location (Be Specific):	
Description of Hazard or Unsafe Act:	
Action Needed: (Please note any actions already taken to minimize risk)	
Suggestions for Corrective Action:	
Today's Date:	
Name (Voluntary): <i>Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the production to take any action against a worker in reprisal for exercising rights to participate in communications involving safety.</i>	
Department (Voluntary):	

USE REVERSE SIDE IF NECESSARY