

SAFE PRACTICES WORKSHEET

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| Location | |
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| | | | |
|------|--|------|--|
| Date | | Time | |
|------|--|------|--|

| | | |
|------|------|-------|
| Crew | Name | Phone |

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| Allergies and health concerns on set | |
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| Nearest hospital or medical centre | Phone number: |
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| Projected weather | |
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| Hazard / Equipment | | Precaution | |
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| Hazard / Equipment | | Precaution | |
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| Hazard / Equipment | | Precaution | |
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| Hazard / Equipment | | Precaution | |
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| Hazard / Equipment | | Precaution | |
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| Hazard / Equipment | | Precaution | |
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| Hazard / Equipment | | Precaution | |
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| Hazard / Equipment | | Precaution | |
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