

QUESTIONNAIRE

How Can We Help?

To begin your risk management process, please select the product that you require from the list below. If you are unsure of what you require, please get in touch: admin@globalfilmsolutions.com

Risk Assessment

Risk Assessment Review

Risk ID

Global Watch Reports

Production

Working Title

Company

Address

Network / Studio / Channel

Key Contact 1

Name

Position

Email

Phone (work)

Phone (mobile)

Key Contact 2

Name

Position

Email

Phone (work)

Phone (mobile)

Creative

Please provide or attach a detailed breakdown of the production creative (where attaching a document, please see Comments/ Attachments section at the end of this form).

Issues

Please outline any concerns or risks that have already been identified (such as by the Network or your Insurer) or that are a priority for your production:

Schedule

What is production's anticipated schedule?

Travel Dates

Scout Dates

Filming Dates

Production Talent And Crew

For the purposes of ascertaining a production crew profile, please indicate the following where applicable:

What is the total size of personnel
(crew and talent) on location?

Responsible person for
risk management on location.

Responsible person for
risk management at headquarters.

Production Talent and Crew (continued)

Will talent include any minors

Will talent include persons
with celebrity status

Are talent qualified and/or experienced
for their proposed role?

Are crew experienced in the proposed
filming environment/locations

Insurance

Please indicate the insurances that will apply for this production:

Permits and Permissions

Please indicate the permits/permissions that will apply for this production:

Locations

Please indicate the key filming / base locations for this production, including any transit locations and land with special significance (such as a National Park):

Country

Province

Area

Country

Province

Area

Country

Province

Area

Logistics

Please indicate the logistical aspects that will apply for this production in the field:

Rental vehicles	Yes	No
Local drivers (s)	Yes	No
Production crew to self-drive	Yes	No
Hotel accommodation	Yes	No
Air travel - commercial/charter	Yes	No
Boat travel - commercial/charter	Yes	No
Other travel	Yes	No
Storage for production assets	Yes	No
Local fixer(s)	Yes	No
Translator(s)	Yes	No
Cellphones, satellite phones, radios, GPS, tracking devices	Yes	No
Night filming	Yes	No
Boat-based filming	Yes	No
Individuals working alone (eg B-Roll)	Yes	No
Visas	Yes	No
Customs clearance of production equipment	Yes	No

Please comment on any of the above where you choose yes

Filming Environment

Please indicate the potential activities that will apply for this production. Tick as many boxes as you think may be applicable.

Remote, isolated, wilderness	Yes	No
Rivers, lakes, coastal	Yes	No
Forest, rainforest, jungle	Yes	No
Swamp, marsh, mangrove	Yes	No
Desert	Yes	No
Arctic, sub-arctic (cold, ice, snow)	Yes	No
Ocean, reef	Yes	No
Caves, ravines, canyons	Yes	No
Conflict zone, unstable security climate	Yes	No
Urban, crowds, markets	Yes	No
Hospital, laboratory	Yes	No
Military, security, guarded	Yes	No
Derelict buildings, construction sites, confined spaces	Yes	No
Private property	Yes	No
Studio	Yes	No
Other	Yes	No

Please comment on any of the above where you choose yes

Security

Please include the potential security provisions that will apply for this production

Local security consultant(s) to be on location	Yes	No
Western security consultant(s) to be on location	Yes	No
Security consultant(s) to be consulted prior to travel	Yes	No
Planning around asset security	Yes	No
Reconnaissance/advance security assessment of proposed filming areas	Yes	No
Other	Yes	No

Please comment on any of the above where you choose yes

Safety

Please indicate the potential filming environments that will apply for this production. Tick as many boxes as you think may be applicable.

Animals: animal handling, proximity to exotic animals, animal riding	Yes	No
Hunting and Fishing: hunting, use of weapons, fishing, trapping	Yes	No
Wilderness Activities: hiking, navigating, bush trekking	Yes	No
Camping Activities: camping, campfires, building shelters	Yes	No
Aerial Operations: planes, helicopters, drones, hot air balloons	Yes	No
Water Operations: boating, kayaking, canoeing, rafting	Yes	No
Water Immersion: swimming, wading, scuba diving	Yes	No
Dynamic Travel: snow mobiles, jet skis, motorbikes, any form of motor racing	Yes	No

Please comment on any of the above where you choose yes

Safety

Please indicate the potential activities that will apply for this production

Climbing Activities: rock climbing, abseiling, caving, bouldering

Talent	Crew	Talent As Expert?	No	Yes
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Comment/Detail

Third Party Activity Experts / Outfitters?

Extreme Sports: Bungy jumping, sky-diving, canyoning, trapezing

Talent	Crew	Talent As Expert?	No	Yes
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Comment/Detail

Third Party Activity Experts / Outfitters?

Third Parties: interacting with the public, potentially dangerous third persons, other notable third parties

Talent	Crew	Talent As Expert?	No	Yes
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Comment/Detail

Third Party Activity Experts / Outfitters?

Building Activities: building, repair activities, use of hand tools

Talent	Crew	Talent As Expert?	No	Yes
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Comment/Detail

Third Party Activity Experts / Outfitters?

Safety (continued)

Machines: use of machines, power tools, heavy duty equipment, electrical equipment

Talent	Crew	Talent As Expert?	No	Yes
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Comment/Detail

Third Party Activity Experts / Outfitters?

Stunts and Special Effects: stunt sequences, pyrotechnics, special effects

Talent	Crew	Talent As Expert?	No	Yes
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Comment/Detail

Third Party Activity Experts / Outfitters?

Other

Other comments/Details

Medical

Please indicate the potential medical provisions that will apply for this production:

Food: consumption of wild, exotic or hunted foodstuffs and/or consumption of "street" food	Yes	No
Production crew hold current certification in First Aid, CPR or other	Yes	No
Production to carry First Aid Kit(s)	Yes	No
Nearest facility of medical excellence identified in advance	Yes	No
Medical Response Plan	Yes	No
Emergency Medical Evacuation Response	Yes	No
Medical Evacuation (and Repatriation) Insurance	Yes	No
Other	Yes	No

Please comment on any of the above where you choose yes

Additional Comments

Please insert any additional information or comments here

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