*For activities listed below, the Director and AD complete risk assessment and review with TD, PS, SM*

|  |  |  |  |
| --- | --- | --- | --- |
| *Event Type:***OLT Main Stage Show** | *Show:* | *Director:* | *Date:*  |

# ****HAZARD CHECKLIST:****

**Please tick or ‘x’ for ‘yes’ or ‘?’ if possible**

**You are not required to consider building or rigging**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **IMPACT:** Is there any stage fighting or complex rapid movement where injury due to impact could occur; this could be in the form of dance, clowning, physical theatre or drama? Could any impact damage space or set as well as persons? |  |  | **WORING FROM HEIGHT:** Are you planning on using or needing platforms or ladders in rehearsal? Will people be standing on chairs or tables? |
|  | **WEAPONS:** Are you planning to use any form of weapon in your rehearsals or performance, e.g., swords, knifes, guns, clubs – including replica or toy versions? Do you plan to use any item to represent a weapon? |  | **RISK OF INJURY DUE TO FALL:** Are you planning to work above ground level; on ladders, tables or chairs, raised set or by lifting persons etc.? This includes during your rehearsals, set-up and performance. |
|  | **UNUSUAL USE OF OBJECTS OR EQUIPMENT:** Are you planning to use any objects or performance space in an unusual manner, could this pose a risk? |  | **Stage Combat:** Do you have staged fights in your production with or without weapons. Even if it is a simple as a stage slap. |
|  | **PYROTECHNICS:** Are you planning to use any explosive devises (no matter how small)? NB: Pyro is not permitted by our insurance but there are alternatives that we can discuss. |  | **SLIPPING OR TRIPPING:** Will you be using either props, set, drapes, costume or other articles that could cause a trip or slip on stage? Will you be acting or behaving in a manner that could cause a trip or slip to yourself or other members of your company? |
|  | **SPILLAGE:** Are you using any liquids or foodstuffs? Are any liquids near electrical equipment on or off stage? If liquid is spilled, can it cause a risk of a slip?  |  |  **ELECTRICAL HAZARDS:** Are you bringing in any electrical equipment? |
|  | **FIRE:** Are you planning to use any open flame, e.g., smoking, candles, incense etc.?NB: Naked flame is not permitted but there are alternatives that we can discuss. |  | **IMPAIRMENT:** Are you or your performers planning on using any substance (eg. alcohol or drugs) or any devices that could cause impaired; (e.g. blindfolded or handcuffed? Are you aware of any personal impairment, (e.g., personal disabilities, illnesses or medication?)  |
|  | **ANYTHING ELSE THAT MAY PRESENT A SIGNIFICANT RISK:** **This list is not exhaustive!** Are you planning any other activity that may pose a significant risk of injury to person or damage to space or property? Do you require any further advice or permissions before undertaking any activity safely? If in any doubt consult either the Technical Director or the Production and Technical Support Lead before proceeding in either rehearsals or performance on the premises. |  |  |
| **(Please select One of the below and sign on behalf of your Production)** |
|  | **We have identified one or more of the above hazards. We have listed them in more detail below and will discuss the details with the Technical Director and Production Support Lead before proceeding with the activity.** |
|  | **None of the above applies to our production. There is no significant hazard or risk but we will continue to monitor developments and update the as needed.** |
| **Name: Signed:** *or email* **Date:**  |

PRODUCTION RISK ASSESSMENT **–** AD’s please review with SM, TD and Production Support

| **Ref** | **Hazard** | **Description of Activity / Associated Risk** | **Affected** | **Severity** | **Likelihood** | **Risk Rating** | **Control Measures /****Action Plan** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1: Stage Action** |  |  |  |  |  |  |  |  |
| **1.1** |  |  |  |  |  |  |  |  |
| **1.2** |  |  |  |  |  |  |  |  |
| **1.3** |  |  |  |  |  |  |  |  |
| **2 : Other** |  |  |  |  |  |  |  |  |
| **2.1** |  |  |  |  |  |  |  |  |
| **2.1** |  |  |  |  |  |  |  |  |

*TD (**tom@ottawalittletheatre.com**) and Production Support (PS) (**david.magladry@gmail.com**)*

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