

General Health & Safety Checklist

Theatre: _____

Address: _____

Telephone: _____ Fax: _____

Contact Person: _____

Venue: _____

Address: _____

Telephone: _____ Fax: _____

Contact Person: _____

Dressing Rooms:

How many? _____

	Rm A	Rm B	Rm C	Rm D	Rm E	Rm F
Capacity						
Shower						
Toilet						
Lights						
Mirrors						

Separate facilities for men/women? Yes _____ No _____

Storage for personal effects? Yes _____ No _____

Temperature control? Yes _____ No _____

Programme sound? Yes _____ No _____

Secure lock up for valuables? Yes _____ No _____

How often are dressing rooms cleaned / serviced? _____

By whom? _____

Signs of vermin? _____

Adequate ventilation for showers? Yes _____ No _____

Is there air conditioning? Yes _____ No _____

Are there any fans? Yes _____ No _____

Additional notes and comments? _____

Green Room (if any):

How often is the Green Room cleaned / serviced? _____

By whom? _____

Seating available? Yes _____ No _____

Potable water? Yes _____ No _____

Equity cot? Yes _____ No _____

Kitchen facilities? Yes _____ No _____

Kettle? Yes _____ No _____

Temperature control? Yes _____ No _____

Programme sound? Yes _____ No _____

Additional notes and comments? _____

Safety:

Documented evacuation policy for emergencies

Is there one? Yes _____ No _____
Is the procedure adequate? Yes _____ No _____
Is it posted? Yes _____ No _____

Where? _____

Who supervises the evacuation? _____

Fire Extinguishers

Where are they located? _____

Date last serviced? ____/____/____

Fire Drill Procedure.

Is there one? Yes _____ No _____
Is it posted? Yes _____ No _____

Where? _____

Who supervises? _____

Is there an appropriate level First Aid Kit? Yes _____ No _____

Where is it located? _____

Who is the First Aid Attendant? _____

Ice packs available? Yes _____ No _____ Cold / Chemical / Both (circle)

Telephone available for emergency? Yes _____ No _____

How often is the venue cleaned / maintained? _____
By whom? _____

Additional notes and comments: _____

STAGE/ BACKSTAGE:

Potable water available? Yes _____ No _____

Are all pathways clearly marked? Yes _____ No _____

Padding on hazards Yes _____ No _____

Is glow tape and reflective tape used under both
work light and performance lighting conditions? Yes _____ No _____

Is there adequate lighting offstage? Yes _____ No _____

Temperature control? Yes _____ No _____

Is there a fly system? Yes _____ No _____

Is it being used? Yes _____ No _____

Is the fly floor safe and clean? Yes _____ No _____

Appropriate surface for the activity? Yes _____ No _____

Adequate ventilation? Yes _____ No _____

Is there a place for artists to warm up? Yes _____ No _____

Is there a barre for dancers? Yes _____ No _____

Additional notes & comments? _____

COMMUNICATION SYSTEMS:

Is there a headset system available?	Yes _____	No _____
Does it work?	Yes _____	No _____
Is there a paging system to the lobby?	Yes _____	No _____
Is there a paging system to the dressing rooms?	Yes _____	No _____
Is there a paging system to the Green Room?	Yes _____	No _____
Is there programme sound?	Yes _____	No _____

Additional notes and comments? _____

REHEARSAL SPACE:

Temperature Control?	Yes _____	No _____
Potable water?	Yes _____	No _____
Bathrooms?	Yes _____	No _____

How often is the rehearsal space cleaned / serviced? _____

By whom? _____

Is there a barre available for dancers? Yes _____ No _____

Is the floor safe and clean? Yes _____ No _____

Appropriate surface for the activity? Yes _____ No _____

Additional notes and comments? _____

Signed by: _____ Date: _____

Production Specific Health & Safety Appendix

Name of Production: _____

Dates of Production: _____

Theatre/ Dance/ Opera: _____

DRESSING ROOMS: (see general checklist)

Is there adequate room for the number of artists in the production? Yes _____ No _____

Is body makeup used? Yes _____ No _____

Is there a shower? Yes _____ No _____

GREEN ROOM: (see general checklist)

Is there adequate room for the number of artists in the production? Yes _____ No _____

Is there a barre available for dancers? Yes _____ No _____

STAGE/ BACKSTAGE:

General stage configuration (prosc., thrust, etc.) _____

Raked stages:

Is there a raked surface? Yes _____ No _____

Is there access to a level or counter-raked area? Yes _____ No _____

What is the rake? _____ deg. or _____ rise over _____ run

Dance flooring:

What is the floor surface? (e.g. Marlee) _____

What is the subfloor? (is it sprung?) _____

Stage and Set:

General description of the set (basic house interior, freeform, etc.) _____

Are there multiple playing levels? Yes _____ No _____

Edges Marked? Yes _____ No _____

Safety Railings? Yes _____ No _____

Describe the levels (number, size, heights, etc.) _____

Does the set include stairs or ladders? Yes _____ No _____
What is angle of the stairs? _____ rise over _____ run

Edges marked? Yes _____ No _____

Hand Railings? Yes _____ No _____

Edges marked? Yes _____ No _____

Are there any traps used? Yes _____ No _____

Edges marked? Yes _____ No _____

Is there adequate lighting? Yes _____ No _____

Are there any ramps? Yes _____ No _____

Edges marked? Yes _____ No _____

Traction? Yes _____ No _____

Are there any rough edges/ surfaces? Yes _____ No _____

Edges marked? Yes _____ No _____

Scenery:

Sharp edges? Yes _____ No _____

Doors move freely? Yes _____ No _____

Cables / cords secured? Yes _____ No _____

Furniture stable? Yes _____ No _____

Does scenery move with artists aboard/nearby?

Is scenic automation used?

Pyrotechnics:

What Kind? _____

Has use been reviewed with Fire Dept.??	Yes _____	No _____
Set pieces treated with retardant?	Yes _____	No _____
Costumes treated with retardant?	Yes _____	No _____
Masking treated with retardant?	Yes _____	No _____
Onstage fire extinguisher?	Yes _____	No _____
Date last serviced? _____/_____/_____		
Offstage fire extinguisher?	Yes _____	No _____
Date last serviced? _____/_____/_____		
Fire curtain?	Yes _____	No _____
Does it work?	Yes _____	No _____

Other Special Effects:

Describe (fog, strobes, gunshots, artists being flown, etc) _____

Artist Concerns:

If the Artists involved in the production have expressed any particular concerns, provide details here.

Note any steps taken to minimise or eliminate hazards. Note any unresolved issues. _____

Signed by: _____ Date _____