

Names: Student A, Student B, Student C

Media/Film Teacher:

Tutor:

Venue(s):

Date of filming:

Time of filming:

Filming Time, Locations & Equipment.	Time	Who will be with you?	Where will you be?

Risk	Is the risk adequately controlled?	Further action required to control the risk.
High Places/tripping hazards		
Dangerous Props (replica weapons)		
Moving vehicles		
Sharp objects - fences, rocks etc		
Traffic/Seatbelts		
Stranger Danger		

Be aware that conditions can change after you have made your risk assessment due to: the nature of the activity, the weather, the time of year, road works, building works etc. The risk assessment may need to change to take account of this.

Student Name / Signature:

Teacher Name / Signature:

Student Name / Signature:

Student Name / Signature: