

FILM RISK ASSESSMENT CHECKLIST

Fill out form **completely**. After discussing your project with your Professor, have them **sign the form**. Then, bring it to JOHN SYRJAMAKI (CA 327).

STUDENT'S NAME _____

STUDENT'S PHONE _____ STUDENT'S E-MAIL _____

PROJECT TITLE _____ SHOOT DATE(S) _____

TOTAL SHOOTING DAYS _____ DAYS ON STAGE _____

DESCRIPTION OF ACTION _____

LOCATION _____ BUDGET _____

CLASS _____ SEMESTER _____ DATE _____

PROFESSOR'S NAME _____

PLEASE PRINT

SIGNATURE OF PROFESSOR _____

SIGNATURE OF HoPA _____

	YES	NO
Will you be filming off-campus?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be renting any camera/grip/lightng equipment from off-campus?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be using non-LMU students as actors?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be using props that are neither yours nor the property of LMU?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be filming minors? (anyone under the age of 18)	<input type="checkbox"/>	<input type="checkbox"/>
Will there be stunts? (slaps, kicks, punches, falls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Will you be using prop guns or prop weapons? (clubs, knives, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Will you be using motor vehicles in your film or video?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be using animals in your project? (including your own pet)	<input type="checkbox"/>	<input type="checkbox"/>
Is this project being shot during class time?	<input type="checkbox"/>	<input type="checkbox"/>

IF THIS FORM MUST BE SENT TO BUSINESS AFFAIRS – ALLOW A **MINIMUM** OF 96 HOURS (4 WORKING DAYS) TO PROCESS YOUR PROJECT. YOU WILL BE SENT AN EMAIL NOTIFYING YOU THAT YOU HAVE BEEN **APPROVED**. YOU MAY CHECK OUT EQUIPMENT **ONLY** AFTER THAT.