ACCIDENT & INJURY REPORT

Fill this out for **every** injury on a production, however small. A blood blister from a pinched finger counts the same as a broken arm. Use it for near misses and gear damage too.

Emergency: call 911. On campus, then call the LACC Sheriff's Office: (323) 953-4005.

Take care of the person first. Fill this in once everyone is safe, while it's fresh. Give it to your instructor the same day (a photo by email is fine), then hand them the paper copy. Names and what happened only: no phone numbers, birth dates or medical history.

THE PRODUCTION

Film title: _____

Production number: _____

Class and instructor: _____

Date and time it happened: _____

Location (address, room or stage, and where on set): _____

WHAT HAPPENED

This is: ☐ An injury ☐ A near miss (nobody hurt) ☐ Someone got sick ☐ Gear or property damage

Name of the person hurt (if anyone): _____

They were: ☐ Cast ☐ Crew ☐ Visitor or public ☐ Other

What happened, step by step: *What they were doing, what gear or prop was involved, and what went wrong.*

_____

_____

_____

_____

THE INJURY

Part of the body: _____

Kind of injury: ☐ Pinch or blood blister ☐ Cut or scrape ☐ Bruise ☐ Burn

Template from the LACC Cinema & Television Producer's Toolkit (lacccinematv.com/toolkits/producer/documents). Plain-language guidance for student productions, not legal advice. Not an agreement with LACC or the Los Angeles Community College District.

☐ Sprain or strain ☐ Possible break ☐ Head or eye ☐ Heat or cold illness ☐ Other

First aid given, and by whom:

Care after: ☐ First aid on set only ☐ Urgent care ☐ Emergency room ☐ Ambulance ☐ Not sure yet

WHO WAS TOLD

Who	Called or told?	Time	By whom
911			
LACC Sheriff's Office			
Instructor			
Location owner or manager			
Equipment Room (gear involved)			

WITNESSES

Name	Role on the production	Email

GEAR AND THE SCENE

Gear or props involved: *Item and Equipment Room tag, if any. Damaged gear goes back with a note at check-in.*

Photos taken of the area: ☐ Yes ☐ No

Work stopped: ☐ Yes, until it was safe ☐ No

What we're changing so it doesn't happen again:

SIGN-OFF

	Name	Signature	Date
Filled out by			
Safety lead or 1st AD			
Producer			

Keep this private. Share it only with your instructor and the department. Instructor: file it with the production plan.