

## IATSE 492



## Safety Overview

# IATSE 492 SAFETY OVERVIEW

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**Pre-Test**

**Instructions** Check how much you know—mark the correct answer to the question.

1.	True <input type="checkbox"/> False <input type="checkbox"/> I am responsible for my safety on the set.
2.	True <input type="checkbox"/> False <input type="checkbox"/> Every production has medical services on location.
3.	Which of the following is the most accurate? <input type="checkbox"/> a. This training provides all the information needed for me to work safely. <input type="checkbox"/> b. I only need to take safety training when there is a risky situation on the set. <input type="checkbox"/> c. I need this training, plus safety meetings and other training, to have the highest likelihood of working safely. <input type="checkbox"/> d. Safety training doesn't matter because there is always someone who doesn't follow it.
4.	In addition to Safety Meetings, what other formal communications advises you of safety requirements and issues? <input type="checkbox"/> a. Notification or call sheets and special postings <input type="checkbox"/> b. Special postings in the form of sticky notes on unsafe items <input type="checkbox"/> c. Task meetings and IATSE Tool Box Talks <input type="checkbox"/> d. A and C <input type="checkbox"/> e. B and C
5.	Which of the following are benefits of safe work practices? <input type="checkbox"/> a. Less time lost on the set due to illness, injury and accidents <input type="checkbox"/> b. Managing risks which helps keep insurance costs lower <input type="checkbox"/> c. Higher chance of continued ability to work, play, and enjoy life. <input type="checkbox"/> d. All of the above
6.	True <input type="checkbox"/> False <input type="checkbox"/> The sheet that advises of specific safety concerns, safe use, and potential consequences of using a specific substance is called an "MSDS sheet."
7.	True <input type="checkbox"/> False <input type="checkbox"/> IATSE has a Zero Tolerance policy for alcohol and illegal drugs in workers and in the workplace.
8.	In examining your respirator, you realize that even though you haven't worn it for more than a few hours in the last year, you installed the cartridges over two years ago. Should you use it, or replace the cartridges? Use <input type="checkbox"/> Replace <input type="checkbox"/>
9.	When lifting a load, you should lift with <input type="checkbox"/> knees and <input type="checkbox"/> back. <input type="checkbox"/> a. Bent, straight <input type="checkbox"/> b. Straight, twisted <input type="checkbox"/> c. Straight, bent <input type="checkbox"/> d. Bent, twisted
10.	In general, fire extinguishers should be located <b>within</b> how many feet of the work location? <input type="checkbox"/> a. 100' <input type="checkbox"/> b. 150' <input type="checkbox"/> c. 75' <input type="checkbox"/> d. Anywhere—as long as there is one.

### IATSE 492

**Introduction** This training provides you with an overview of general safety issues that you face on the job. In addition to this training, there is other training, such as fire extinguisher training and hearing protection, that may be required to satisfy government regulations regarding employee safety training.

Safety training is one important benefit IATSE provides you with as part of your membership. Every IATSE brother and sister deserves a safe work place, and part of that is your commitment to working safely.

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### Why Is Safety Important?

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**The Personal Case for Safety** Injuries and workplace related illnesses reduce your quality of life, and make it difficult for you to:

- Earn income
- Enjoy recreation
- Participate in your family's life

They also drain you of financial and emotional resources—and even if you recover fully, you can never recover the time lost from work and life.

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**The Business Case for Safety** Productions that have good safety practices reduce the risk of

- Fines and penalties
- Increased costs of production
- Time lost
- Goodwill losses

IATSE's role as your union is to help you ensure that you as a member know and use safe work practices, and to encourage your employer to require a safe work place.

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## The Flow of Communication About Safety

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**Communication Flow**      The set is a workplace—and like any workplace, specific individuals have responsibilities for safety, and there are specific mechanisms for communicating about safety.

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**Who is responsible**      These people are responsible for safety on the set:

- 1<sup>st</sup> Assistant Director
- Department Heads
- Task supervisors, responsible for ensuring crew under their supervision adhere to Safety policies and procedures.

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**Specific crew responsibilities**      Crew responsibilities are to:

- Report all unsafe conditions, practices and hazards to their immediate supervisor
- Attend and apply training from membership and production safety meetings
- Attend called meetings when compliance and circumstances warrant
- Recognize that failure to follow safety procedures may result in disciplinary action up to an including discharge

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**Where safety information is available**      Information about safety on the set is made available

- Safety meetings
- Task meetings
- Special postings
- Notification on Call Sheets

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**Safety meetings**      Safety meetings, or Tool Box Talks:

- Address specific hazards
- Held on-set and at membership meetings
- Provide updates of rules and practices
- Promote crew responsibility
- Comply with local, state, and OSHA safety guidelines, through registration of attendance and topic
- Support risk management for IATSE

IATSE strongly urges you to attend all Safety Meetings and Tool Box Talks to support your safety!

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## General Safety Practices

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### Think

- Is this a safe work practice?
  - Am I potentially in harm's way?
  - Could I do this task another way that is less likely to place myself or others at risk?
- 

### Read

- Call sheets should include contact information for nearest hospital and emergency services to locations.
  - All hazard warning signs posted on the set
  - Notification call sheets
  - Safety bulletins
- 

### Know

#### **Exit location and conditions**

- Ensure primary and secondary locations are unblocked and unlocked during work hours

#### **Impact of medications**

- Medications can interfere with alertness and ability to work,
- Inform your supervisor when you are taking medications

#### **Medical services location and extent**

- Identify the extent and location of medical services on set
  - Smaller productions might have a band-aid at craft service.

#### **Zero tolerance for alcohol and illegal drugs**

- IATSE's Zero Tolerance policy regarding for workers and work places
- 

### On-site judgment

- Working conditions may change day to day, particularly on location
  - Others' work may place **you** at risk
  - Guidelines do not cover every situation or all times—do what it takes to prevent injury or illness
- 

### Report

Report these to your immediate supervisor

- Unsafe working conditions
  - All work-related accidents, injuries and illness
  - Crew and production who do not follow safe working practices
-

## Overview of Specific Safety Practices

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### Smoking

IATSE strongly discourages smoking in all interior locations due to the risk of fire and explosion.

- Use designated smoking areas, away from vapors and other flammables
  - Extinguish and discard all cigarette butts in butt cans
- 

### Medical Services, First Aid and Emergency Action Plan

#### Medical services

- Call sheets should include contact information for nearest hospital and emergency services to locations.
- Large productions often have medical services on set.
- Smaller productions might have a band-aid at craft service.

#### First Aid

Review the layout of every new worksite, location, stage, or structure. Find:

- Nearest working phone
- First aid equipment
- Fire extinguishers
- Exits

#### Emergency Action Plan

OSHA requires every employer to have a written emergency action plan. Be sure to ask your supervisor for exact instructions, policies and procedures at every site in which you are a worker. The plan should include the closest hospital or medical facility.

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### Individual Responsibility

- A personal first aid kit is always a good idea to include in your PPE gig bag.
- Members are encouraged to attend First Aid classes through the Red Cross or periodic offerings through the Union.

#### Prevention

- Members are responsible for acting in proactive and preventive ways to preserve safety and prevent injury

#### Reporting

- Members are responsible for reporting any accident or injury immediately to their steward and immediate supervisor
  - Stewards, department heads, and supervisors are accountable for immediate, proper reporting of accidents to production as well as to the local.
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## Overview of Specific Safety Practices, Continued

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### Obtaining and Care of PPE

It is up to you to maintain any PPE you own and to make sure it is in good operating order. This means repairing rips and tears in clothing, and follow all manufacturer's specifications as you care for ear plugs, goggles, respirators, safety shoes or other items you own.

Personal Protective Equipment (PPE) is available on set from:

- Supervisor
  - Studio Safety Representative
  - Safety Coordinator
- 

### Proper Lifting Techniques

Back pain is one of the most common causes of lost work days

- Size up the load
  - Do not attempt an object which is too heavy or large
  - Check the route of travel
  - Look for slivers, burrs or rough edges
  - Get firm footing
  - Bend at knees, not at waist
  - Lift with your legs and not your back
  - Keep back upright and avoid twisting
  - Get help—either a co-worker or dolly
  - For heavy bulky loads, like a bag of cement, drop down to one knee and bring the object close to your chest.
  - Do not use your back to lift—use your legs.
- 

### Housekeeping

Poor housekeeping can have serious consequences beyond being “messy.”

#### Trash, rubbish, cleaning

- Make sure debris or flammable material is disposed of properly
- Do your part to keep your work place clutter-free
- Prevent any buildup of trash and rubbish
- Dispose of trash, waste, and combustibles properly
- Clean and sanitize toilet and wash areas
- Wash your hands thoroughly and frequently

If you are not sure about something left lying around, ask a supervisor if it is needed or can be put away.

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## Overview of Specific Safety Practices, Continued

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### Fire Safety

#### Fire Response

- Call 911, or local fire department, and sound the alarm.
- Upon hearing the fire alarm, evacuate the building immediately.
- Communicate with superiors to verify escape.

#### Fire extinguishers / hydrants / hoses

- Know where the nearest fire extinguisher is—and if it is the proper type for the most common fire hazards in the area (typically CO<sub>2</sub> is used on set to prevent damage to the set if used). In general, fire extinguishers should be located **within** 75' of work locations.
- If you must use a fire extinguisher, aim at the base of the fire and sweep left to right as you discharge the contents
- Keep hoses, hydrants, and extinguishers clear at all times.

#### Walkways / Exits /Doors

- Maintain open walkways and exit passages—keep a 4' clear perimeter around set and stage walls.
- Illuminated exit signs, visible in all directions, are required at all doors.
- All exit doors must be unlocked when there are people on location

#### Equipment

- Turn off all electrical equipment at the end of the day or during extended periods of non-use.

#### Materials / debris

- Prevent the accumulation of flammable, combustible materials on the set.
- Flammable materials must be stored in an approved cabinet.
- Trash should be removed daily.
- All decorative set materials should be flame retardant or made of non-combustible materials.

#### Special Effects

- *Any* special effects may require permits and approval from local jurisdiction and is production's responsibility.
- If fire or flames are used on the set, ensure a fire watch is posted until the site is cool enough that there is no risk of kindling an unintended fire
- Remember that coals may be buried in ashes that appear cool

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## Overview of Specific Safety Practices, Continued

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### Electrical Safety

Electrocution can occur without touching the power source. This is why it is always important to be aware of your surroundings.

- Stay safe around power sources:
  - Do not overload electrical outlets
  - Ground and properly maintain all electrical equipment and wiring
  - Keep electrical panels accessible at all times
  - Do not place lights too close to props, flags, or set materials
  - Only use grounded extension cords
  - Use only insulated staples when securing electrical cords
  - Do not stand in water and work with live current
- 

### Ladder Safety

All ladders must be in good working condition.

- Before each use, inspect for:
    - Damaged or badly worn rungs, cleats or side rails
    - Loose nails, bolts or screws
    - Loose or missing rungs or cleats
    - Wood splinters
    - Corrosion of metal ladders or metal parts
  - Secure or lay ladders down, never leave them upright against walls
  - Never use the top three rungs of any ladder
  - Always face ladder while climbing
  - Maintain three-point contact: both ladder feet on the ground, and the top against the wall
  - Use both hands while climbing: never carry equipment or tools in hand
  - Ladders are not platforms, runways or scaffolds
  - Wood ladders are to be coated with clear sealant to allow defects in the wood to show
  - Portable and Extension Ladders
    - One person use only
    - Must have insulating non-slip materials
  - No metal ladders when working with electricity
- 

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## Overview of Specific Safety Practices, Continued

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### Surfaces, Slips, and Common Fall Risks

Check your work area and look for potential problems:

- Keep work areas free from obstructions and accumulated material
  - Remember to have a place for every tool, and keep every tool in its place
  - Clean up leaks and spills on floors
  - Use slip-resistant floor mats when possible
  - Secure loose equipment and tools
  - Take the time required to safely install distribution, cords and cables
  - Take the time to remove unused or broken gear from the set instead of walking around it.
  - Remove or replace torn, broken or damaged carpet or flooring
  - Use caution on slippery or uneven surfaces
  - Watch for cables, tools, props, and producers in doors and walkway areas
  - Recognize poor, broken, or inadequate light increases risks of slips, trips, and falls
  - When you identify a risk, notify your supervisor immediately
- 

### Elevated work, pits, holes

OSHA requires specific protection when working on:

- Surfaces elevated more than 30 inches
- Around pits or holes
- Mark area with safety tape

#### Use lanyard and harnesses

- Above ground level on scaffolding
  - On aerial platforms
  - On elevated areas without guard rails
- 

### Hand Tools and Power Equipment

- Machines are guarded for a reason. Use a guard when it is provided.
  - Leave guards alone and report any missing or tampered with guards.
  - Use the right tool for the job
  - If you have not been trained or are not designated to use a specific tool, do not use it
  - Clearly mark any defective, damaged, or malfunctioning tools “DO NOT USE”
  - Report tagged equipment to your supervisor
  - Wear protective equipment to protect your eyes and hands
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### Overview of Specific Safety Practices, Continued

**Use of Vehicles:** ONLY certified and designated individuals are to operate motorized vehicles  
**Drivers**

- May require special permits and/or operator certificates
  - Driver and vehicle safety inspections are required on a regular basis
  - Use proper equipment for the job
  - Do not exceed load or rider capacity
  - Proceed slowly in congested areas
- 

**Vehicles on Stage**

- Keep clear of travel paths
  - Adhere to fire safety precautions
    - Ensure the gas tank is no more than ½ full
    - Ensure the fill spout sealed
    - Disconnect battery while on stage
  - Use safety cones when working vehicles are parked in traffic areas
  - Keep clear of vehicles in use on stage
- 

**Working with Hazardous Materials**

Products do not have to be particularly exotic to expose you to acute and chronic health effects.

- Prior to handling, seek and complete any required training
- Know where MSDS (Material Safety Data Sheets) are kept
- Read and follow the instructions they contain
  - You are responsible for reading MSDS and following safe work practices

**Department heads and supervisors**

- Responsible for identifying hazards
  - Providing appropriate information about hazard
- 

**Common Hazardous Substances**

- Paint products
  - Make-up materials
  - Film developers
  - Certain types of smoke fluids
  - Fuel and other flammable liquids, matches
  - Lead acid batteries
  - Solvents, and cleaners
  - Glues and resins
  - Dyes
  - Airborne substances
  - Fibers
-

- General Safe Work Practices**
- Find and read the MSDS for the materials you are using
  - Report unlabeled and improperly labeled containers
  - Properly dispose of unused materials
    - DO NOT dispose in storm drains
    - Or disposal that may result in pollution
  - Do not allow paints or any materials to accumulate
  - Identify and isolate hazardous materials
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## Reporting an Injury or Accident

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**Who reports accidents** If you are injured or become ill on the job, report this to your immediate supervisor and steward immediately. Stewards, department heads, and supervisors are accountable for immediate, proper reporting of accidents to production as well as to the local.

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**What is Reported** Accurately reporting an accident is critical to proper resolution of the incident.

A copy of the accident reporting form that you must use follows this page.

Include this information at a minimum:

- Date of accident
- Time accident occurred
- Location of accident
- Name of technician
- Technician time on the job (career and job)
- Name of Production Company
- When production on set began
- What was happening when the accident occurred
- The events prior to, and after the accident
- A description of the accident itself
- A description of what the apparent consequences were
- Note about the general conditions

If possible, take photos of the accident site and any injuries.

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Reporting an Injury or Accident, Continued

Form for reporting

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS**

**C20**

<b>CLAIMS ADM/CARRIER</b>	JURISDICTION CLAIM # (STATE FILE #)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		<p>The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury.</p> <p><i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i></p> <p>If you have questions, the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).</p>		
	CLAMS ADM CLAIM # (INSURER CLAIM #)		CARRIER FEIN				
	OSHA LOG CASE #		FEIN OF CLMS ADM				
	NAME OF INSURANCE CARRIER		CLMS ADJ PHONE #				
	CLAIMS ADMIN FIRM NAME (if different from carrier)		CITY				
	CLAIMS ADJUSTER NAME		STATE				
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2		ZIP				
<b>EMPLOYER</b>	EMPLOYER NAME		EMPLOYER FEIN		SIC CODE	PHONE NUMBER	
	EMPLOYER ADDRESS LINE 1 AND LINE 2		NATURE OF BUSINESS				
	CITY	STATE	ZIP	INSURED REPORT NUMBER	EMPLOYER LOCATION #		
<b>POLICY</b>	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME/REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
			SELF INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO		EXP DATE		
<b>EMPLOYEE</b>	EMPLOYEE LAST NAME		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN		
	FIRST	MI	DEPARTMENT REGULARLY WORKED		OCCUPATION DESCRIPTION		
	ADDRESS LINE 1 & 2		CITY		MARITAL STATUS	NCCI CLASS CODE	
	SSN	DATE OF BIRTH	DATE OF HIRE	SINGLE, DIVORCED		<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	
	WAGE \$	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION <input type="checkbox"/> YES <input type="checkbox"/> NO FULL WAGES PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ACCIDENT/INJURY</b>	DATE OF INJURY		TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> COULD NOT BE DETERMINED		TIME EMPLOYEE BEGAN WORK ON INJURY DATE <input type="checkbox"/> AM <input type="checkbox"/> PM		
	DATE EMPLOYER NOTIFIED OF INJURY		BODY PART AFFECTED CODE		NATURE OF INJURY CODE		
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.				
	DATE LAST DAY WORKED						
	DATE DISABILITY BEGAN						
	RETURN TO WORK DATE (IF APPLICABLE)						
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER                      TOTAL # DEPENDENTS <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD				
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) CITY                      STATE                      ZIP                      COUNTY OF INJURY				
PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME					
ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2					
CITY		STATE	ZIP	CITY		STATE	ZIP
INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINIC/HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED	
DATE PREPARED	PREPARER'S NAME & TITLE		PREPARER'S COMPANY NAME		PHONE NUMBER		

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## Reporting an Injury or Accident, Continued

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**Factors to mention to help with investigation**

Investigation of accidents should include mention of these items when applicable:

- Personal Protective Equipment
  - Equipment and tools
  - Floors, aisles, and exits
  - Material handling
  - Cranes, lifts, ladders, hoists, ramps
  - Wiring, cabling, and electricity
  - Ventilation and lighting
  - Training
  - Speed
  - Positions
-

## Post-Test

**Instructions** Check how much you learned—mark the correct answer to the question.

1.	True <input type="checkbox"/> False <input type="checkbox"/> I am responsible for my safety on the set.
2.	True <input type="checkbox"/> False <input type="checkbox"/> Every production has medical services on location.
3.	Which of the following is the most accurate? <input type="checkbox"/> a. This training provides all the information needed for me to work safely. <input type="checkbox"/> b. I only need to take safety training when there is a risky situation on the set. <input type="checkbox"/> c. I need this training, plus safety meetings and other training, to have the highest likelihood of working safely. <input type="checkbox"/> d. Safety training doesn't matter because there is always someone who doesn't follow it.
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5.	Which of the following are benefits of safe work practices? <input type="checkbox"/> a. Less time lost on the set due to illness, injury and accidents <input type="checkbox"/> b. Managing risks which helps keep insurance costs lower <input type="checkbox"/> c. Higher chance of continued ability to work, play, and enjoy life. <input type="checkbox"/> d. All of the above
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8.	In examining your respirator, you realize that even though you haven't worn it for more than a few hours in the last year, you installed the cartridges over two years ago. Should you use it, or replace the cartridges? Use <input type="checkbox"/> Replace <input type="checkbox"/>
9.	When lifting a load, you should lift with <input type="checkbox"/> knees and <input type="checkbox"/> back. <input type="checkbox"/> a. Bent, straight <input type="checkbox"/> b. Straight, twisted <input type="checkbox"/> c. Straight, bent <input type="checkbox"/> d. Bent, twisted
10.	In general, fire extinguishers should be located <b>within</b> how many feet of the work location? <input type="checkbox"/> a. 100' <input type="checkbox"/> b. 150' <input type="checkbox"/> c. 75' <input type="checkbox"/> d. Anywhere—as long as there is one.