

Health & Safety Confirmation & Acceptance Form Camera Tracking Vehicles

Production Company:	Shoot Date:
Production:	Location:
Tracking Vehicle Being Used :	
Have Police and Local Authority been notified and approved the use of Camera Tracking on the public highway and the relevant safety precautions been considered ?	
Location Manager	Police/Local Authority Approval by :
Name :	Name :
Signed:	Borough or County:
Mobile Contact Number :	Contact Number:
Do you have a nominated <u>Person or 1st Assistant</u> who will be responsible for the control of Tracking Vehicle safety, who will work in conjunction with the tracking vehicle Precision Driver?	
1st Assistant or equivalent	Mobile Contact Number:
Name :	Signed:
Please provide name of your <u>Camera Grip</u> :	Mobile Contact Number:
Name :	Phone Number :
The Produce or Production manager must be aware of our Health & Safety Policy and confirm that all the relevant parties involved are also aware of this.	
Producer or Production Manager	Insurance Company
Name :	Company Name :
Signed:	Policy No :

This form should be read, understood and signed and returned to Bickers prior to the shoot.

Any queries please call: 01449 761300

This document works in conjunction with safe working procedures and risk assessments for individual camera tracking vehicles.