

INCIDENTS (accidents and near-misses) IN THE TV INDUSTRY

The purpose of this form is to help understand the type and number of accidents and near-miss incidents in the television industry. The purpose is absolutely not to attribute blame, but to learn from what has happened in the past in order to try and avoid repeats in the future. The GTC needs to establish the causes of a near-miss, as well as accidents, so that they are not repeated and so as to avoid inappropriate enforcement action by officers who may not understand our industry's working methods. The GTC may also be able to provide advice or information to help prevent a repetition.

THIS FORM IS NOT A SUBSTITUTE IN ANY WAY FOR ANY STATUTORY OR CONTRACTUAL OBLIGATIONS NOR FOR ANY IN-HOUSE REPORTS.

Please complete this form if you have seen and can comment upon or have been involved in an accident or a near-miss unless you are certain that someone else has already done so.

Please tick ALL relevant boxes in each section.

Leave blanks if you do not know what happened (or where it is not relevant to the incident.)

The information requested is to be anonymous and all information will be treated in strictest confidence. The incident forms will be collated by The Guild of Television Camera Professionals for discussion and possible recommendations.

Any queries about this form and its purpose should be directed to the Chairman of the Guild of Television Camera Professionals.

Was this an accident ☐ or a near-miss ☐

Approx. time of incident
(24 hour clock)

When did the incident occur?

During normal working hours	<input type="checkbox"/>	During night work	<input type="checkbox"/>
During overtime	<input type="checkbox"/>	During meal break	<input type="checkbox"/>
During get-in	<input type="checkbox"/>	During training session	<input type="checkbox"/>
During get-out	<input type="checkbox"/>	Off-site	<input type="checkbox"/>
Travelling to or from the location	<input type="checkbox"/>	Other (please describe)	

What kind of venue is it?

London-based studio	<input type="checkbox"/>	Sports stadium	<input type="checkbox"/>
Independent studio	<input type="checkbox"/>	Theatre / Concert	<input type="checkbox"/>
Regional studio	<input type="checkbox"/>	Other (please describe)	
External location / outdoors	<input type="checkbox"/>		
Multi-use premises / offices	<input type="checkbox"/>		
Public place	<input type="checkbox"/>		

Who was involved in the incident?

Technicians – were they:		Musicians	<input type="checkbox"/>
appropriately qualified/trained	<input type="checkbox"/>	Dancers/acrobats	<input type="checkbox"/>
full-time staff	<input type="checkbox"/>	Other performers	<input type="checkbox"/>
part-time staff	<input type="checkbox"/>	Production team (directors, designers, etc)	<input type="checkbox"/>
regular casuals	<input type="checkbox"/>	Other staff	<input type="checkbox"/>
casuals	<input type="checkbox"/>	Amateurs	<input type="checkbox"/>
Artists or presenters	<input type="checkbox"/>	Persons under 18	<input type="checkbox"/>
Contractors, inc self-employed	<input type="checkbox"/>	The public	<input type="checkbox"/>
Management	<input type="checkbox"/>		

GUILD OF TELEVISION CAMERA PROFESSIONALS - INCIDENT FORM

Where did the incident occur?

Studio floor ☐ ☐
Outside studio area ☐ ☐
Lighting grid ☐ ☐
On scaffolding or platform ☐ ☐
Sports gantry ☐ ☐
Rig area ☐ ☐
In a vehicle ☐ ☐

Access to location ☐ ☐
At point of the location filming ☐ ☐
Aerial filming ☐ ☐

Other (please describe)

What type of incident was it?

Fall from height ☐ ☐
Fall through trap/hole ☐ ☐
Slip, trip or fall on the level ☐ ☐
Slip, trip or fall uneven ground ☐ ☐
Collapse of floor ☐ ☐
Collapse of scenery ☐ ☐
Struck by moving or falling object ☐ ☐
Colliding with object ☐ ☐
Contact with moving machinery ☐ ☐
Contact with moving vehicle ☐ ☐
Contact with electricity ☐ ☐
Lifting excessive weights ☐ ☐
Handling items badly ☐ ☐
(twists or strains)

Dropping items on body ☐ ☐
Exposure/contact harmful substance ☐ ☐
Exposed to fire ☐ ☐
Exposed to explosion/pyrotechnics ☐ ☐
Burnt ☐ ☐
Fumes/asphyxiation ☐ ☐
Trapped by collapse ☐ ☐
Injured during stage fight ☐ ☐
Injured by animal ☐ ☐
Failure of PPE ☐ ☐
Physical assault ☐ ☐
Horseplay ☐ ☐

Other (please describe)

If there was an accident did it result in?

Hospitalisation ☐ ☐
First aid attendance ☐ ☐
Off-work for more than 3 days ☐ ☐
Eye injury ☐ ☐
Dislocation ☐ ☐
Fracture ☐ ☐
Concussion ☐ ☐
Amputation ☐ ☐
Burns ☐ ☐

Crushing ☐ ☐
Bruising ☐ ☐
Cuts ☐ ☐
Strains/sprains ☐ ☐
Other (please insert) ☐ ☐
Which part of body
most injured
(please insert)

Have you seen or have been involved in this type of incident before?

Yes ☐ No ☐ How often? (please insert)

Please describe what happened. (Give as much detail as you think will help e.g. the name of any equipment or substance involved, what was happening at the time, what occupations were involved. Please do not attribute blame or give any names. Please do use extra pages if necessary.)

What caused the accident? Only complete this if you know or think you know the cause(s).

Thank you. Please return your completed form –
by email to: administration@gtc.org.uk
or by post to:

GTC, Briar Cottage, Holyhead Road, Llanfairpwll, Gwynedd LL61 5YX