

RECCE / RISK ASSESMENT FORM

Production Name: _____

Location Name: _____

Location Address: _____

Location Contact: _____ Tel: _____

Location scout(s) name: _____

Visit Date: _____

Visit Time: _____

General report: _____

Health & Safety report: _____

Issues to resolve: 1.

2.

3.

Toilet Facilities: _____

Parking Arrangements: _____

First Aid contact: _____ Tel: _____

Other notes: _____
