Get in/Get out Health & Safety Check Sheet

The Check Sheet is for data collection and transfer of Health and Safety information for touring productions to ensure compliance with the Code of Conduct for Get ins, Fit ups and Get outs. The Check Sheet should be completed for each production in each venue. A copy should retained by both the resident and the touring managers' representatives.

Theatre:		Show:			Venue Rep	S:	Touring	Reps:		Dates:
cut Ci		STIOW.			Zenac Rep		Tourng	рэ.		Dates.
N.	a af Manua Chaff Callad		Get In	Get Out		f Ti C	teff Celle	Get In		Get Out
Stalling	o. of Venue Staff Called	-2 V/N				o. of Touring S		_1		
	ufficient Venue Staff Present	.f 1/IN			IN .	o. of Touring	Stall Pres	ent		
Comments										
Pre Get In	Venue Staff ( plea	se circl	e) - Minimum rest	break be	tween last s	shift worked an	d this Get	t In	≥11 hrs	s <11 hrs
_	Touring Staff ( ple	naco cir				of Venue Staff			>11 hr	s <11 hrs
	rouning Stair ( pi	case cir	•			of Touring Sta			<u> </u>	5 \11 1115
Hours Worked		Stage		Venue S	Staff (pleas	se circle) - Othe				ouring Sta
Worked		Stage				Othe			(F	nease circle
	et In - Comments:									
	vernight rest/breaks - et In/Fit up Comments:									
	ast show day duration (hrs)									
	et out duration (hrs)		1		]					
No	o. of breaks taken during Get Out max ½hr per 3hrs worked)				]					
(1	nos zan per sins workeu)		J 							_
ther Concer	,		-	ices?			Yes	No	N/A	
please tick )	Were Staff adequate Were alcohol/drugs			v dealt wii	th to mutur	l caticfaction?	Yes Yes	No No	Yes	No
	Was PPE legislation			y u <del>c</del> ail Wi	ui w mulua	i sausiacullii!	Yes	No	162	JINU
provide full d	details Certificates provided	Certificates provided? (chain hoists , Motors , steels, shackles etc.)						No	N/A	
oading Plan		Safety non-compliance?  Method Statement/Risk Assessment provided?					Yes Yes	No No	1	
please tick )	-	Loading according to plan or specific instruction?						No	1	
	Was loading/unload	ing office	er conversant with	plan or sp	ecific instru	iction?	Yes	No	]	
						G	et In	Get	Out	N/A
	<b>gene</b> Was there safe acce Was the vehicle load	_				Yes	No No	Yes Yes	No No	
ccess please tick )	Were all items stack					Yes Yes	No	Yes	No	
	Was the vehicle interior lit appropriately?						No	Yes	No	
ifting	Were ramps and lift Did operators have	_	, ,	operated	correctly?	Yes Yes	No No	Yes Yes	No No	
acking	Were all items weig					Yes	No	Yes	No	
please tick )		Were all items marked to show number of people required to lift?						Yes	No No	
	Were all items properly packed? Yes No Yes Was the front of the stage marked by rope,chain or hard barrier? Yes No Yes								No	
Reporting	Was Touring Incident Book available prior to Get In?								Yes	No
please tick )	Were there any Accidents/Incidents/Near Misses? Were there sufficient crew called/touring staff present to complete get in/out safely, in the time allotted.								Yes Yes	No No
			relevant TSC Acc							1
ther Comments	s - Resident Managers' Repres	enta <u>tive</u>			Other Com	ments - Touring	Managers	' Repr <u>esenta</u> t	tive	
Was the Code of Conduct adhered too? Yes / No						ode of Conduct			s / No	
	oaac aanerea too:	. 55 / 10	-			or conduct	. Junior Cu		,	
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iigned: 		Tel:			Signed:					Tel:
email:		Date:			email:					Date:

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