FMA IDEA CENTER LOCATION - COVID COMPLIANCE AGREEMENT

❑ All shoots **must assign** a crew member (not the director – typically, producer, production manager, 1st AD) as **COVID Safety Compliance Representative** who will, in addition to enforcing all safety guidelines on set, be responsible for collecting this document signed by all members of the cast and crew and delivered to Rick Pitchford (r.pitchford@csuohio.edu) **prior to** production. **No exceptions.**

❑ Upon arrival on set, a health evaluation will be conducted by the **COVID Safety Compliance Representative** for the production. Symptom checks will be conducted consistent with CDC screening guidelines including identifying conditions/symptoms of cough, shortness of breath, difficulty breathing and fever or chills. In addition, information gathered as to whether any cast or crew member has had contact with a person known to be infected COVID-19 in the last 14 days.

❑ **All** cast and crew members **must be Safe Sets International certified**. Producers must collect copies of certification of completion for all cast and crew, and submit them to Dave Tarbert (d.tarbert@csuohio.edu) prior to production. **No exceptions**. It's a one-time online course, free of charge and only takes about 10 minutes to complete.
Link: https://bit.ly/2E7GQGL

❑ **All** cast and crew members must complete the **Daily Health Compliance Assessment** either online or using the **Health Assessment Checklist** form.

COVID Safety Compliance Rep: _____

Project Title: _____ Location Request #:_____

Days, Dates & Times of Request: _____

FMA Locations Requested: _____

_____

Are You **SAFE SETS INTERNATIONAL** Certified? ◯ No ◯ Yes

Every cast and crew members present at this location MUST SIGN the back of this form.

EVERYONE ON YOUR SET should be familiar with these SAFE SET PROTOCOLS and MUST PERFORM A DAILY HEALTH COMPLIANCE ASSESSMENT.

The COVID Safety Compliance Representative must sign and date this completed form and return to Rick Pitchford. Keep a copy for your files.

Signature: _____ Date: _____

Signatures of ALL PARTICIPANTS present at this location:

NAME and SIGNATURE:	Can Pass HEALTH ASSESSMENT at the TIME of SIGNING:
_____	☐ Yes
_____	☐ Yes
_____	☐ Yes
_____	☐ Yes
_____	☐ Yes
_____	☐ Yes
_____	☐ Yes
_____	☐ Yes
_____	☐ Yes
_____	☐ Yes