

Health and Safety Questionnaire - Project Name: _____

Dear Producer,

Production must comply with both CDC and OSHA workplace requirements, Federal, State, County, and City guidelines regarding hazards in the workplace for COVID-19, along with the [Return to Work Agreement dated as of July 19, 2021](#) and as **modified on February 14, 2022** and **May 1, 2022** (as applicably modified by The Safe Way Forward).

Producer **must** review the Return to Work Agreement and The Safe Way Forward, provided SAG-AFTRA's website and below, to inform its responses below.

PLEASE REVIEW THE DOCUMENTS LINKED BELOW:

Return to Work Agreement: https://www.sagaftra.org/files/sa_documents/RTWAgreement.pdf

Summary of the Return to Work Agreement: https://www.sagaftra.org/files/sa_documents/Summary_COVIDProtocols.pdf

Feb 14, 2022 Modification: https://www.sagaftra.org/files/sa_documents/RTWAgreement_Renewal_2-15-22.pdf

May 1, 2022 Modification: https://www.sagaftra.org/files/RTW_Agrmt_5_6_22.pdf

The Safe Way Forward: https://www.sagaftra.org/files/sa_documents/ProductionSafetyGuidelines_June2020EditedP.pdf

Safety Protocols for Singers: https://www.sagaftra.org/files/sa_documents/SingersProtocols.pdf

Safety Protocols for Dancers: https://www.sagaftra.org/files/sa_documents/PBRC_Dancers.pdf

Safety Protocols for Voiceover Recording: https://www.sagaftra.org/files/sa_documents/VoiceoverRecordingProtocols.pdf

SAG-AFTRA Resources and Downloads: <https://www.sagaftra.org/news-events/news/covid-19/safety-first>

PLEASE COMPLETE – write answers where applicable or “N/A”:

- Are any other Unions/Guilds involved? (Please select all that apply.)
DGA IATSE WGA Teamsters Other

If Other, please list: _____

- Principal Photography:
In-person Remote/Virtual (e.g. Zoom/FaceTime/Google Meet) Both

- Voiceover work:
In-home recording Audio House

Name and address of the audio house: _____

1. Mandatory Vaccination Policy

- Yes, production is implementing a mandatory vaccination policy, per the Return To Work Agreement, Sec. 2: COVID 19 Vaccination, pg. 5.
- No, production will not implement a mandatory vaccination policy.

2. Please provide the name, contact information, and résumé of your **COVID-19 Compliance Supervisor** (“CCS”) (also referred to as a Covid-19 Compliance Officer and Health Safety Supervisor):

a. The CCS is only employed in this role.

- a. Yes

Health and Safety Questionnaire - Project Name: _____

- b. No, the CCS also has another role on set as the (e.g. onset medic, nurse, producer, etc.) _____
- b. Does the CCS have medical or acute care training: Yes No
 - a. If No, will the CCS be supported by an on set medic? Yes No
- c. Does the CCS have training certification in CDC and OSHA COVID-19 protocols : Yes No

3. Cast & Crew Training: (Select all that apply.)

- CCS will conduct training on COVID-19 protocols and procedures with cast and crew prior to the first day of principal photography.
- Regular and frequent safety meetings will be scheduled to reinforce COVID-19 protocols.
- Explanation, instruction, and diligent adherence to the **Zone System**.
- Training and floor markers to reinforce physical distancing (especially in video village and catering areas), entrances, exits, with choke points addressed.

4. COVID-19 Testing Protocols

Review the [Return to Work Agreement](#) and/or the [Summary](#) and [Update](#) to determine which Part(s) applies to your production. Please continue to monitor production locations for any changes in the COVID-19 transmission rate that may affect which protocols production must apply.

- Part I (stricter protocols) always applies outside the US and Canada and applies within the US and Canada when the COVID-19 risk is high according to the triggers contained in the Return to Work Agreement.
- Part II (less-strict protocols) applies when the triggers are not met and the COVID-19 risk is therefore not as high.
- Both Part I and Part II due to multiple locations. Please specify filming location that corresponds to the protocols that apply, (*i.e.* Los Angeles, California, USA – Part I):

By checking here, you understand that production is responsible for monitoring all changes in the COVID-19 hospital admission rate, and will apply the required protocols as applicable. Production will notify SAG-AFTRA of any changes to which protocol it will apply.

5. Confirm that you are conducting all of the following **testing**:

- Pre-employment** testing for all Zones (except for Zone D unvaccinated employees working on productions applying Part II protocols)
 - will be a **lab-based PCR diagnostic test**
 - will be **Rapid PCR**
 - will be a **LAMP** test
 - will be agreed upon **Antigen** (Part II only; 3 pre-employment test required)

Failing to check and acknowledge all of the above could result in a delay in safety clearing the project.

6. COVID-19 Type of Testing

(When testing employees, Producers shall use diagnostic tests that test for the virus that causes COVID-19, which does not mean and shall not include antibody tests.)

Health and Safety Questionnaire - Project Name: _____

- In-lab **Polymerase Chain Reaction (PCR)** Testing
Name and CLIA number of the lab analyzing specimen: _____
- Rapid PCR** Testing (may **not** antibody tests)
Name of Rapid PCR Test: _____
- Other: _____

Employers may only use agreed upon antigen tests where expressly authorized to be used by the Return To Work Agreement.

- By checking here, you confirm that production will use an antigen test in-cycle where expressly authorized by the Return To Work Agreement.

Select the approved antigen test your production will use:

- Artron
- BD Veritor system (Becton Dickson)
- BinaxNOW (by Abbott Diagnostics)
- BTNZ
- CareStart (by Access Bio)
- Celltrion Diatrust Ag Home Test
- CLINITEST Rapid COVID-19 Antigen (Seimens)
- Flowflex (ACON Laboratories, Inc)
- Genbody Covid-19 Ag Rapid Antigen Test
- Indicaid (Phase Scientific International)
- Inteliswab (OraSure Technologies, Inc)
- LumiraDX (LumiraDX)
- Quick Vue (Quidel)
- SCo V-2 Ag Detect (Inbios)
- SDBiosensor
- Sienna-Clarity (by Salofa Oy)
- Sofia (Quidel Corp)
- Status Covid-19 (Princeton Bio Meditech)

If you are using more than one type of testing, please describe the schedule of when each will be used:

7. Physically engaging scenes

- By checking here, you understand that any scenes requiring **close/intimate contact and/or extreme exertion** may require daily testing of cast and crew involved in the production of these scenes.

Health and Safety Questionnaire - Project Name: _____

Will there be **singing** in any scenes? Yes No ; If Yes, confirm that you will adhere to SAG-AFTRA Singing Protocols. Yes No

Will there be **dancing** in any scenes? Yes No ; If Yes, confirm that you will adhere to SAG-AFTRA Dancing Protocols. Yes No

8. Travel and Transportation

By checking here, production understands that employees traveling by air are subject to the testing requirements set forth by the airline or a government authority, if any.

Select the applicable form of transportation to your production:

Principal performers and Background Actors will be transported to and from set by production vehicles.

Principal performers and Background Actors will drive their own vehicles to and from set and production will provide or reimburse for parking.

Other (please specify):

9. Ventilation

By checking here, you are confirming production will provide proper ventilation in all interiors as defined by Air Exchanges per Hour (ACH), Percentage of Outside Air (OA), and the Filter Grade (MERV) of the HVAC System.

The ACH minimum is six (6) in all variations shown in the chart below which corresponds the OA necessary to the MERV Filter Grade.

MERV FILTER GRADE #	MINIMUM OUTDOOR AIR (OA)
17	20%
16	25%
15	30%
14	35%
13	40%
Any #	100%

If these standards cannot be achieved by the HVAC system, additional HEPA filtration units can be used. By checking here, you are confirming that HEPA units will be supplementing your ventilation plans and you have measured accordingly the capacity and/or amount of units to satisfactorily address ventilation in all interiors (as per above standards).

For all interiors for which HEPA units are proposed, the following must be calculated:

- a. Make and model number of the HEPA unit or units,
- b. CFM (cubic feet per minute),
- c. Recommended square footage from label or manual,

Health and Safety Questionnaire - Project Name: _____

- d. Square footage of room, and
- e. Ceiling height

10. Set Visits

Please provide the name and contact information for the production representative with whom SAG-AFTRA can coordinate set visits by SAG-AFTRA representatives:

Certification

By signing below, you certify that all information set forth and all representations and agreements made herein are true and correct. If you are signing on behalf of a company, you further certify that you are empowered and authorized to make these representations on the company's behalf.

**PRODUCER
AGREED AND ACCEPTED:**

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE