

Short Form Request for Approval to Perform Specific Work Task or Action / Covid-19

All the documents you need to complete this form can be found on the Production Resources- COVID19 Website: [Click Here](#)

What is this form for?

Use this form to request a specific work task or action you need to complete that is *unrelated to any larger or more comprehensive production plan*. For example, if you want to *return to a set to strike a department or parts of a set; gain entry to the work premises to retrieve rental equipment; request authorization to travel an individual as an immediate necessary step in advance of the formal start of a production; hold a recording session; a sound mix; a limited scout, etc.*

To whom do I send this form, and what happens next?

Please send your completed form to the following Productions Working Group leads distribution: COVIDRTW@viacbs.com. The Task Force project leads will review your submissions at the Task Force meetings to obtain approval at the corporate level.

What standards are used to review and approve this form?

This plan must conform to the attached ViacomCBS Covid-19 Health & Safety Policy Protocols (“the Protocols”), to the documents included in the Attachments that accompany this form, and any local state/provincial or jurisdictional requirements on the proposed date of activity, to the extent they exceed the Protocol requirements.

What is this form NOT for?

Each production will be submitting a comprehensive Long Form Plan that covers a top-to-bottom approach to managing production safety across all departments, with a specific timeline. If you are a department head or other production staff or crewmember looking to get your department or area up and running or trying to start prep, this is NOT the form to use. Please speak to your project lead who will be working on the Long Form Plan for your production or project.

I need help with this form. Who should I talk to?

Industrial/Labor Relations, Safety Representative, or Human Resources partner

Overview

RESPONSES SUBMITTED BY:	
ON BEHALF OF:	
BUSINESS UNIT LEADER:	Kevin Berg
STATE/CITY/COUNTY:	
ESTIMATED DATES OF WORK:	
TOTAL # OF CREW:	

Approval Grid

Department/Approval Authority	Sent on	Signed off on	Who approved for this department?	Comments	If this approver is not necessary, state reason:
Security					
Law (Domestic/Tran or Int'l/Dabney)					
Safety					
Labor					
Production (<i>sign off includes receipt of certification e-mail from Production Exec</i>)					
Marlene Baez					
Dave McElwain					
Tim Farrell (<i>if necessary</i>)					
Other Approver					
Other Approver					
Other Approver					
Travel					
Government Affairs					
Risk Management					
Kevin Berg					
Talia Robinson					

Tell us about your request

1. **Who** is making this request and on what entity's behalf by **Name, Job Title, Project, Entity**.
2. **What** is the nature of the specific work task or action you are requesting? Example: Retrieve and return camera and rigging to XYZ rental company.
3. **Where** is the work or activity to take place? List **facility name, street address, and description of the workplace**. Examples: example, warehouse, office, soundstage, etc.
4. **When** are you proposing to do this work? List requested **start date** and requested **end date**, and **times of day**. Note that accurate dates are critical as we watch for any changes or updates to local jurisdictional requirements for opening facilities.

Start Date:

End Date:
5. **Why** do you need to do this work? State the business case and any cost reasoning. Example: Equipment must be returned based on contractual reasons and because the daily cost of the rental is \$XX.00 per day, accruing as of mm/dd/yy.

6. **How** are you going to perform this work? Describe the process. Example: We will use a truck and dolly equipment to load rental cameras onto the truck.
7. **Is this work to place at a ViacomCBS or non-ViacomCBS facility?** Either list “ViacomCBS” or identify the owner. Please list a contact person for the owner, with contact information.
8. **Identify the Responsible Production Group Leader:** Example: Debra Bergman, EVP Production, Paramount TV Studios; Kevin Berg, Sr. EVP, CBS Television Studios; Megan Ring, EVP Production, VMN

[Kevin Berg, Sr. EVP, CBS Television Studios, \(818\) 655-7101, kevin.berg@cbs.com](#)
9. **Identify the responsible Industrial/Labor Relations partner:**
10. **Identify the Responsible Health & Safety Partner:**

[Dave McElwain, VP, Occupational Health & Safety, Safety, Health & Environmental Awareness, 323-575-2423, david.mcelwain@cbs.com](#)
11. **Identify the responsible Human Resources partner:**

12. **Referring to the Return to Work Safe Set Protocols ([found on Production Resources – COVID 19 Site](#)), identify the COVID-19 Response Team Supervisor assigned to this project.**

Upon approval of the short form, David McElwain or BSI will provide an approved Covid Compliance Officer/Supervisor for the production.

13. **How many people** do you propose will do this work? Indicate the minimum number of individuals required to safely perform the job while ensuring social distancing and other Protocol requirements. Note that local jurisdictional requirements may limit you to a maximum number of individuals working together on a given date or timeline. **Refer to [Safe Set Protocols, Workplace Social Distancing and Hygiene Practices](#) that can be found on the [Production Resources website – Planning Forms and Documents](#) section.**

14. **Identify each individual** by name and affiliation (who is that individual’s employer, who are they relative to this production, what is their job title if applicable) who will be carrying out this task / project. Be sure to include individuals responsible for COVID-19 mitigation (oversight; disinfection):

NAME	TITLE/ROLE	DUTIES	EMPLOYED BY	UNION	PHONE	EMAIL
John Doe	Line Producer	Production office will unload supplies and signage.	Eye Productions	DGA	xxx.xxx.xxxx	John.doe@xyz.com
Jane Doe	Office/Stage PA		Eye Productions	Non-Union	xxx.xxx.xxxx	Jane.doe@xyz.com

Tell us about the Health, Safety and Training measures you will take for this activity

15. Eligibility and Screening. Who will ascertain that the individuals listed above are “eligible” to participate in this work; e.g., have they met health screening requirements as set forth in the Protocols document? See Safe Set Protocols, and Return to Work Phase I Checklist Health Screening.

- a. PCR COVID-19 Testing: A negative result will be confirmed, prior to start of work on-site and no less than 1x per week thereafter until completion of the project.
- b. Prior to being allowed to arrive at _____, all crew members and contractors will be screened and be approved or denied to work via the Company approved virtual screening process (Veoci).

16. Social Distancing Protocol. Describe what measures will be in place to ensure local social distancing requirements are met or exceeded during the proposed activity or action. How will you divide workers to minimize risk consistent with the Protocols? See Safe Set Protocols - Workplace Social Distancing and Hygiene Practices section, Return to Work Phase I Checklist Health Screening.

17. **Supplies.** What special supplies will you be using to comply with the Protocols while this work is being done? [Cloth or surgical masks, nitrile gloves, sanitizing wipes, disinfectant, hand sanitizer, etc.] See Safe Set Protocols - Workplace Social Distancing and Hygiene Practices section; Return to Work Phase I Checklist, PPE and Cleaning Supplies & Inventory; and Return to Work Phase I Checklist, Signage.

A minimum of 30-days PPE & disinfectant supplies will be available at all times in all facilities.

Touchless hand sanitizers have been installed throughout the facility and are visible on all maps.

Every bathroom has or will have soap, touchless paper towel dispensers, signs reminding the crew of proper hand washing process and disinfecting wipes so that each person can wipe down before or after. We are encouraging a self-sanitization routine for everyone in hopes that the habits will help.

18. **Location Preparation Prior to Arrival.** Referring to the Protocols, describe in detail each step to be taken to ensure safety before people arrive to reduce the risk of COVID-19 exposure. See Safe Set Protocols - Hygiene on Location.

19. **Travel.** Identify any travel-related plans associated with this work (local or distant; air, motor vehicle, train, subway). See Travel During COVID19 Policy as of November 11, 2020; See also updated ViacomCBS COVID Policy dated April 2021 on COVID 19 Production Resources Site

For Distant Hires:

Name	Title	Travel Date (if Known)	Travelling From	Travelling To	Staying	Mode of Transpo to Set
Jane Doe	Director	TBD	Los Angeles	New York	Private Residence	Own Car
John Doe	Executive Producer	TBD	Atlanta	New York	Hotel	Rental Car
Sally Smith	Cast	TBD	Los Angeles	New York	Hotel	Transpo

20. **COVID-19 Case Management and Notification Process.** What is your plan for case management See Safe Set Protocols - Isolation and Testing, and Notification Process Document.

- a. Should any working crew members or contractors show symptoms of Covid-19, or have a fever, they will be sent home and will interface with our Physician, CCO/CSS, Corporate Safety, and HR accordingly.
- b. Procedure in the event of a positive Test:
 - i. The individual will be immediately removed from the workplace per ViacomCBS protocols, and sent to their vehicle to self-drive home, or, in the event they do not feel well enough to drive, sent to the identified isolation area, while transportation is arranged.

Subsequently, the individual will be instructed to return home and seek immediate medical advice and guidance based on their symptoms. CCO/CCS will source a Non-Emergency Medical Transport, or other on-call car service that will transport potentially exposed personnel in the event an exposed or positive person does not have a personal vehicle and cannot get picked up from someone they live with.

- ii. HR, Safety and the GSOC are notified pursuant to ViacomCBS policy. Procedure: If one of the employees contracts COVID-19, the COVID COMPLIANCE OFFICER/SUPERVISOR will notify the GSOC (which is the ViacomCBS Global Security Operations Center at 323-956-5788 or GSOC@viacomcbs.com) your HR Production Partner for this production/project, [INSERT HRPP AND/OR HRVP NAME] and Safety: Dave McElwain, (323) 575-2423, or Dave Templeman, (412) 642-5055. Any positive employee's names will be provided to ViacomCBS HR and Safety in a confidential manner so as to comply with HIPAA and all other applicable federal, state, county, and local regulations, rules, and guidelines, and the GSOC will be involved in referring the matter to the appropriate internal departments including the Law department for consultation regarding referral to government contact tracing and any other federal, state, county, or local reporting obligations.
- iii. In addition, COVID Compliance Officer/Supervisor will notify COVIDDesk@viacomcbs.com to begin contact tracing. See COVID Desk Workflow below.
- iv. As of 11/30/20, the union agreement requires notification to the unions regarding a positive test and the notice should be made by Labor Relations. Production will notify [INSERT LABOR NAME AND CONTACT INFO], of a positive test so that he can notify the unions. Production will include number of individuals with a positive test result, the Zone(s) in which the positive test result occurred, and the day the test result(s) was or were reported.

c. Isolation Strategy following a positive test in the pod:

- i. In the event the crew member cannot be immediately escorted to their car to self-drive home, a room/area on property has been identified for the infected employee to rest until arrangements are made to safely remove them from the property - [INSERT ISOLATION LOCATION HERE].
Although the pods are designed to be isolated from other pods, any other individual determined to have had close contact with the COVID-positive employee, per the contact tracing process, will be required to quarantine for 10 days.
- ii. Those pod members determined not to have had close contact, per the tracing process, will then be tested every other day for 10 consecutive days to ensure that no other infected personnel continue to work at the location.
- iii. The individuals in the testing pool will be further isolated/quarantined in their work zone during their shifts until the 10-day testing period is completed.
- iv. Meals will be delivered in a manner to maintain quarantine conditions consistent with WHO/CDC and jurisdictional requirements, and they will be isolated to their own dining area.

d. Closest Hospital to all locations: [INSERT HOSPITAL NAME, ADDRESS AND PHONE NUMBER]

21. **Disinfection plan** for this work. See [Safe Set Protocols](#) - Hygiene on Location, General Cleaning and Disinfection; the COVID-19 Cleaning and Disinfection Protocol; the COVID-19 Disinfection Frequency, and Return to Work Phase I Checklist.
22. **Handwashing/Hygiene** plan for this work (location and availability of running water, soap, portable hand washing stations, hand sanitizer if no other option, if needed etc.) See [Safe Set Protocols](#) - Workplace Social Distancing and Hygiene Practices. See also [CDC Handwashing- When and How](https://www.cdc.gov/handwashing/when-how-handwashing.html) <https://www.cdc.gov/handwashing/when-how-handwashing.html>

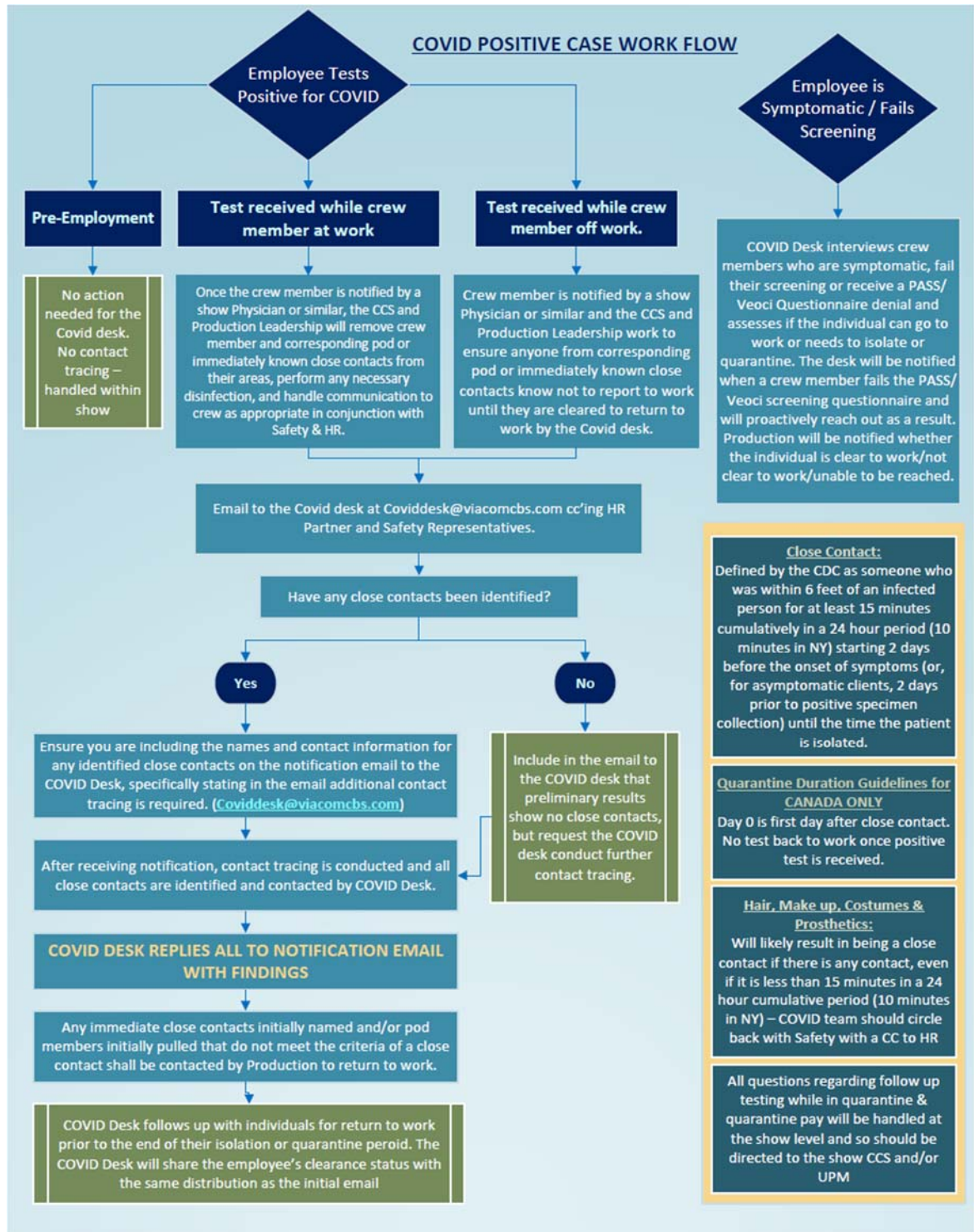
23. **Training Plan.** See [Safe Set Protocols - Training.](#)

- a. All individuals will be provided with, and required to watch, COVID-19 protocol videos provided by EHS: <http://ehs.viacomcbs.com/online-training/training-in-english/> . There will be a record kept of those that have taken the training and an acknowledgment from each person once he/she has watched all videos.
- b. The CCO/CCS will be included in the process and help in establishing the training protocol. Training will happen prior to re-entry as well as for all new hires and will be reinforced on a regular basis. Training may be via Zoom for pre-production and then in person when production starts.
- c. The Production will work with the CCO/CCS and safety team to offer continuous updates related to Covid-19 protocols and safety measures via weekly meetings.
- d. Employees will also be asked to read the screening, health & safety protocols from the approved short form before they come in.
- e. Resources and information will be shared with employees on the psychological impact of the pandemic and be covered in the safety briefings.



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[Additional Information Below on COVID Desk Work Flow](#)



COVID Desk:

- Email – CovidDesk@viacomcbs.com
- Number – (323) 956-7744

Email Template:

- Disclosing employee's name and contact information
- Production
- Supervisor
- Work location: Building, Floor #, Workstation or Office Number (include as much detail as available)
- Date (date of test, date of notification of positive test, date last worked outside of the home or on company property)
- Contact information for the COVID positive case
- Confirming: Contact Tracing Needed – YES or NO

Key:

- CCS – COVID Compliance Supervisor
- UPM – Unit Production Manager