

Georgia Department of Labor
Employment of Minors in Entertainment

**MINORS AND ATMOSPHERIC SMOKE:
ACCEPTABLE STANDARDS**

(1) No Employing Unit shall expose a Minor to atmospheric smoke, haze, fog, etc. (“Atmospheric Smoke”), at a Location without first obtaining the informed written consent of the Representative of the Minor.

(2) Exposure limitations:

- Minors under the age of two (2) shall not be exposed to Atmospheric Smoke;
- Minors between the age of two (2) years to nine (9) years shall not be exposed to Atmospheric Smoke more than 30 minutes per day;
- Minors between the age of nine (9) years to sixteen (16) years shall not be exposed to Atmospheric Smoke more than 60 minutes per day;
- Minors between the age of sixteen (16) years to eighteen (18) years shall not be exposed to Atmospheric Smoke more than 90 minutes per day;

(3) When Atmospheric Smoke is used at a Location where a Minor is present, the Employing Unit must utilize an aerosol particle monitoring device to ensure that total concentrations do not exceed ESTA/ANSI recommended exposure limits.

(4) Employing Unit must provide Representatives of the Minor with names of compounds being used.

(5) A particle monitoring device should be used to measure levels of total smoke on set.

(6) The Employing Unit must implement procedures that ensure minors are only present in shooting areas where Atmospheric Smoke is being utilized for the minimum time increments necessary to complete their scenes/takes and removed from the shooting area whenever possible for breaks in fresh air.

(7) The Child Labor Coordinator shall be responsible for ensuring compliance with the standards set forth on this form.

Acknowledgment: I acknowledge that (1) I have been informed the Minor identified below may be exposed to Atmospheric Smoke while performing in the Production identified below, (2) I have been informed of the effects of exposure to Atmospheric Smoke, and (3) I consent to the Minor participating in the Production.

Production No.: _____ Minor’s Certification No.: _____

Printed Name of Representative of the Minor: _____

Signature of Representative of the Minor: _____

Date: ____/____/____

Printed Name of Witness: _____

Signature of Witness: _____

Date: ____/____/____