

Background on the Port of Milford Haven Assurance Framework (AF)

The AF was established to ensure the comprehensive management of risk in all its forms and to offer assurance that risks are being managed appropriately in pursuit of the Port's objectives.

The framework is designed to ensure that the Port is alerted to and addresses any changes, concerns or shortfalls that are identified within the undertaking, management and control of all business activities. This is achieved by providing a mechanism through which all accidents, incidents, concerns and complaints (collectively known as "events") can be reported and investigated/reviewed.

Instructions for Completing an AF Event Report

1. Anyone alert to, aware of or receiving notification of an accident, incident, concern or complaint can initiate an Event Report.
2. The initiator of the report must indicate where the event originated, what the event type is and complete **sections 1, 4 and 6** (if relevant) – * indicates mandatory fields.
3. **If an Accident is being reported**, IT IS ESSENTIAL that, in addition to the above (point 2.) **sections 2 and 3** are fully completed.
4. **If an Information Security Breach is being reported**, IT IS ESSENTIAL that, in addition to the above (point 2.) **section 7** is fully completed.
5. The completed report must then be posted or emailed FAO the Business Risk Officer (BRO).

Port of Milford Haven
Gorsewood Drive
Hakin
Milford Haven
Pembrokeshire
SA73 3EP

enquiries@mhpa.co.uk

6. The BRO will signpost the Event Report to the responsible Manager for actioning. The **Action Record**, along with **Sections 8** (if appropriate), **9 and 10** will be populated as fully as possible with supporting evidence of actions undertaken. If no action is deemed necessary, this will be noted on the report with reasons.
7. A dialogue with the initiator of the report will be established so that they can be kept apprised of the situation and what action has been taken towards closing the Event Report.
8. An Event Control Register (a record of all Event Reports) is maintained by the Business Risk Officer so that the Port can ensure that all events are properly investigated/reviewed.
9. Once closed out, the Event Report will be signed off by the responsible Manager and the Event Control Register updated accordingly.



Event Report

Please complete this report as per the instructions above

EVENT TYPE* (tick all relevant boxes)

Personal Accident	<input type="checkbox"/>	Physical Damage	<input type="checkbox"/>
Port Incident	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Near Miss	<input type="checkbox"/>	Operational	<input type="checkbox"/>
Accident	<input type="checkbox"/>	Personnel	<input type="checkbox"/>
Corporate	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>
Compliance	<input type="checkbox"/>	Reputation	<input type="checkbox"/>
Environmental	<input type="checkbox"/>	Security (Physical/ Data)	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	Leisure	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Report No. **AF/**

Please tick where the event originated*:

Internal

External

1. Person Reporting

Full Name*:	
Home Address*:	
Postcode*:	
Contact Tel No.*:	
Occupation:	
Workplace:	
Signature:	
Date*:	

2. Person who had the Accident

Full Name:	
Home Address:	
Postcode:	
Contact Tel No.:	
Occupation:	
Workplace:	
Signature:	
Date:	

If the person who had the accident has not filled in this form, they must sign and date above as confirmation that this record is a true and accurate account.

3. By ticking this box I give my consent to my employer to disclose my personal information and details of the accident, as recorded on this form, to safety representatives and representatives of employee safety, in order for them to carry out the health and safety functions given to them by law.

Signature:

Date:

4. **Description of Accident/ Incident/ Concern/ Complaint*:** (please add as much detail as you can, including time, location, personnel involved, weather conditions, light conditions, assets concerned, etc.)

If an accident, cause:

Any personal injury?

Any treatment/ materials used?

5. **What Policies/ Procedures/ Work Place Instructions apply or were you following?** (please state if no written document exists)

AF Check (Document Ref.)

6.	Suggested Action:			
7.	Information Security Breach	Date:		
	Has any personal data been placed at risk?			
	How many data subjects have been affected? (describe)			
	Have the data subjects been informed that the breach has occurred?			
	Where is the data now and how many people have seen it?			
	What is being done to recover the data?			
8.	For Employer only (please complete if accident is reportable under Reporting of Injuries, Diseases and Dangerous Occurrences 1995 (RIDDOR))			
	How reported:			
	Date reported:			
	Employer's name:			
	Report passed to H&S Department: (date)			
9.	Form Submitted to:	Initial	Date	
	Business Risk Officer			
	Line Manager			
	Senior Manager			
	Other (please specify)			
10.	Management Review Findings			
	Action required:	Date for resolution:	Action completed:	
	If no action required, state reason:			
11.	Action completed date:	Manager/Senior Manager name:	Signature:	

ACTION RECORD		
Date	Comment	File Ref. No.

If necessary append separate sheet