

## Background on the Port of Milford Haven Assurance Framework

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The Assurance Framework was established to ensure the comprehensive management of risk in all its forms.

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, and provides a formal process through which this can be achieved. All events presenting a risk are documented on the Event Control Register along with their status and actions taken; the register is maintained by the Business Risk Advisor.

## Instructions for Completing an Event Report

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1. Anyone alert to, aware of or receiving notification of an accident, incident, near miss or concern can initiate an Event Report.
2. The initiator of the report must complete as fully as possible all sections marked "to be completed for all Events" and forward the report as detailed below, along with any supporting evidence.
3. If an accident or personal injury is being reported, IT IS ESSENTIAL that, in addition to the above, Section 3 is fully completed.
4. The completed report must then be posted or emailed FAO the Business Risk Advisor:  
Port of Milford Haven [enquiries@mhpa.co.uk](mailto:enquiries@mhpa.co.uk)  
Gorsewood Drive  
Hakin  
Milford Haven  
Pembrokeshire  
SA73 3EP
5. The report will be entered on the Event Control Register and signposted to the responsible Manager for actioning; Section 8 will be updated accordingly. If no action is deemed necessary, this will be noted on the report with reasons.
6. Progress will be tracked and feedback to the initiator provided.
7. Once actions to address the risk have all been completed, the Event Report will be signed off by the responsible Manager and the report closed on the Event Control Register.

# Event Report

Report No.



Please complete form as per instructions at the front of this book

Port of Milford Haven

## SECTION 1 - EVENT TYPE (to be completed for all Events)

Accident  Incident  Near Miss  Concern

### Event Sub Type

Health and Safety  Environmental  Operational  Personnel  Maintenance   
Damage  Financial  Security (Assets/ Data)  Compliance  Reputation

## SECTION 2 - PERSON REPORTING (to be completed for all Events)

Full Name:  If not an employee of the Port, please complete the details below.  
Occupation:  Home Address:   
Workplace:   
Signature:  Postcode:   
Date:  Contact Tel No:

## SECTION 3 - PERSON WHO HAD THE ACCIDENT (only complete if reporting an accident)

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

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

Milford Haven Port Authority have a legal obligation to disclose personal information and details of the event reported to safety representatives and insurance service providers, in order for them to carry out the health, safety and risk management functions given to them by law. Milford Haven Port Authority retain information in accordance with the Data Protection Act 2018 (GDPR).

## SECTION 4 - DESCRIPTION OF EVENT (to be completed for all Events)

Date, time, location, personnel involved, weather conditions, light conditions, assets concerned, etc.

If an accident, cause:   
Any personal injury?  Any treatment/ materials used?

### For completion by the Port's HSSE Department

RIDDOR reference number (if relevant):  Submission Date:

## SECTION 5 - DOCUMENTATION (to be completed for all Events)

What documents are relevant to the Event? E.g. policy/ procedure/ local work instruction, inspection checklist, CSQ. Please state if no documents exist. AF Check (Document Ref.)

## SECTION 6 - SUGGESTED ACTION (to be completed for all Events)

## SECTION 7 - REPORT SUBMISSION (to be completed for all Events)

Form submitted to:  Responsible Person Name:  Date:   
HSSE Department Name:  Date:

## SECTION 8 - ACTIONS (to be completed for all Events)

Actions required:  Resolution Date:  Completion Date:

If no actions required, state reasons:

## SECTION 9 - CLOSE OUT (for use by the Port's HSSE Department)

Manager/ Senior Manager Name:  Signature:  Date:

Additional sheets/ supporting documentation may be attached.