Port Operations and Security Department

Ocean Gate

Atlantic Way

Southampton

SO14 3QN

Tel: 023 8048 8800

Email: [sotondg@abports.co.uk](mailto:sotondg@abports.co.uk)

Date: Click to enter date.

**Application to Handle Fireworks for Display Purposes**

or operations involving the handling of fireworks for display purposes please complete the following application. This form is to be read in conjunction with the ABP Explosive Operations – Fireworks Procedure and ABP Safety Code 02.

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| Operator Company Name: | Click to enter text. | |
| Contact name (on behalf of the operator): | Click to enter text. |  |
| Contact address: | Click to enter text. | |
| Contact telephone number: | Click to enter text. | |
| Contact email address: | Click to enter text. | |
| Operator professional membership: | Click to enter text. | |
| Senior display firer name: | Click to enter text. | |
| Senior display firer qualification: | Click to enter text. | |
| Out of hour contact telephone number: | Click to enter text. | |
| Date and Time of explosive operation: | Click to enter date. Click to enter text. | |
| Display net explosive quantity in KG: | Click to enter text. | |
| Preferred operating area: | Click to enter text. | |
| Registration details of vehicles carrying explosives: | Click to enter text. | |
| ETA of Explosives to the port (Date and Time): | Click to enter date. Click to enter time. | |
| Firing Platform (barge/vessel name and dimensions): | Click to enter text. | |
| Barge/Vessel ETA from berth: | Click to enter date. Click to enter text. | |
| Barge/Vessel ETD from berth: | Click to enter date. Click to enter text. | |
| Display Firing Location: | Click to enter text. | |
| Date/Time of barge/vessel loading | Click to enter text. | |

Please provide ABP with copies of:

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| Operators Certificate of Liability Insurance |
| Net Explosive Quantity List |
| Completed and signed ABP Indemnity |
| Operator’s suitable and sufficient Safe System of Work/Method Statement |
| Operators suitable and sufficient Risk Assessment for Quay Side Activities |

ABP will endeavour to accommodate the application, however port operations may preclude suitability and permission acceptance is not guaranteed. The Port reserves the right to modify, suspend or cancel any explosive operation.

The operator of a berth at which explosives are carried or handled shall appoint a HSE approved Berth Explosives Security Officer who shall ensure in respect of the berth that adequate precautions are taken to secure explosives against loss, theft or wrongful use.

**Please send all forms and enquiries to** [**sotondg@abports.co.uk**](mailto:sotondg@abports.co.uk)



**INDEMNITY**

In consideration of ABP permitting Full Company Name

To Description of Operation on Date at Time

At Location ABP’s Port of Southampton.

Vehicle Details

Vehicle Type: Click to enter text.

Vehicle Registration Number: Click to enter text.

We hereby agree (to the fullest extent permitted by law) to be responsible for and to release and indemnify Associated British Ports Holdings Limited, its subsidiary and associated companies, including Associated British Ports and its subsidiaries (all or any of which are herein referred to as “the ABPH Group”), their servants and agents from and against all actions, claims, costs, expenses and/or damages brought against or reasonably incurred by the ABPH Group as a result of the negligence, act, error or omission of the [insert name of the party], its employees, agents, contractors, sub-contractors and/or representatives including:

1. personal injury (whether fatal or otherwise) to any person;
2. loss of or damage to any property whatsoever; and
3. any other loss (including economic and consequential loss), damage costs and expenses suffered by any other person

howsoever, caused or incurred arising directly or indirectly from, or in any way connected with, the above-mentioned permission, except to the extent that such is due to the negligence of the ABPH Group.

Signed: Click to enter text.

Date: Date

Name: Click to enter text.

Address: Click to enter text.

Contact Number: Click to enter text.

Where being duly authorised so to act for and on behalf of (complete if party is a company or other organisation):

Position: Click to enter text.

Name of Company / Organisation: Click to enter text.

Address: Click to enter text.

In the event of a person being under 18 years of age, the above Indemnity must be signed by his/her Parent or Guardian.

**DISCLAIMER**

PORTS ARE DANGEROUS PLACES AND BY YOU ENTERING ABP’S PREMISES YOU ARE ACCEPTING THE LIMITATION OF ABP’S LIABILITY TO YOU SET OUT BELOW:

I, the undersigned, understand and agree that:

1. I am entering ABP’s premises at my own risk;
2. I undertake to exercise the utmost care at all times when on ABP’s premises;
3. ABP will NOT be liable for any loss or harm I may suffer while in this Port unless that loss or harm is caused by ABP’s negligence; and
4. I undertake to abide by ABP’s safety rules and regulations whilst on ABP’s premises and confirm that I have been made aware of such rules and regulations.

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| Click to enter text.  Name (or person on whose behalf person is signing) | Click to enter text.  Signature |
| Click to enter date  Date |

(NOTE: In the event of a person under the age of 18 years being permitted entry to ABP’s premises, this form MUST be signed by his or her parent or legal guardian)

**For internal use:**

|  |  |
| --- | --- |
| Operators Certificate of Liability Insurance |  |
| Net Explosive Quantity List |  |
| Completed and signed ABP Indemnity |  |
| Operator’s suitable and sufficient Safe System of Work/Method Statement |  |
| Operators suitable and sufficient Risk Assessment for Quay Side Activities |  |

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| **Limiting distances =** the smallest distance between the explosive loading position and thepersons / object specified | |
| Distance from berth within which buildings may only be occupied by persons essential to the handling operation | Click to enter text. |
| Limiting distance to a passenger vessel at berth or anchorage | Click to enter text. |
| Limiting distance to persons in the open or other explosives | Click to enter text. |
| ABP Southampton Harbour Master Notice to Mariners | Click to enter text. |

Special requirements for display operator:

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| Click to enter text. |

BESO Checklist:

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| Notices displayed at berth perimeters, i.e. “EXPLOSIVE HANDLING – NO SMOKING” |  |
| No smoking, naked lights, or “hot work” involving welding, burning or grinding operations, are permitted in the vicinity. |  |
| Barriers provided as appropriate. |  |
| No explosive storage to take place on the dock estate. |  |
| Berth operator has appointed a HSE approved Berth Explosives Security Officer |  |
| Limiting distances as prescribed by the licence for this berth are maintained as described below |  |

**CLASS 1 (EXPLOSIVES) FOR LOADING IN ACCORDANCE WITH PORT OF SOUTHAMPTON HSE EXPLOSIVES LICENCE.**