

From: [Cubley, Lara](#)
To: [Bradford, Julie](#)
Subject: FW: OMA audit report and Compliance Assessment Report
Date: 07 January 2014 09:33:57
Attachments: [DEF-FOR-155 Revision 9, Accident and Incident Report Form.docx](#)

From: BELL, ANNE [<mailto:ANNE.BELL@valspareurope.com>]
Sent: 02 January 2014 04:40
To: Cubley, Lara
Subject: RE: OMA audit report and Compliance Assessment Report

Hi Laura,

Following your OMA audit & finding.

The Operator must provide completed Part A and B notification and investigation summary as soon as possible.

He must also ensure management systems in place and training enable the Operator to comply with this Permit notification requirement.

I sent you the correct form almost straight away (no reason could be found for the elevated emission levels - on retest they were back to the usual low results)

I also have had several discussions with our MCerts accredited contractor REC.

They do not know what the actual root cause of the elevated results were.

As I see it either the Laboratory results or the technique – this could not be determined.

I have also updated our incident form following the ODOUR reports :-
See attached form – now also includes ODOUR complaints.

Once I have fully completed both requirements I will update you.

Thanks & regards,
Anne
HSE Director EMEA
01244-837 334

From: Cubley, Lara [<mailto:Lara.Cubley@cyfoethnaturiolcymru.gov.uk>]
Sent: 27 November 2013 09:20
To: BELL, ANNE
Cc: Bradford, Julie
Subject: OMA audit report and Compliance Assessment Report

Hi Ann,

Please find attached the OMA audit report and CAR for the 6th November. Should you have any queries, please do not hesitate to contact me.

Please also keep me updated on your odour investigations.

	INITIALS	DATE
OK FOR PUBLIC REGISTER	KC	8.1.14
COPIED TO PUBLIC REGISTER	JB	EDem

Kind Regards Lara

Lara Cubley

Swyddog Rheoliadol 1 (RhDP/RhSY) / Regulatory Officer 1 (PIR/RSR)

Cyfoeth Naturiol Cymru / Natural Resources Wales

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DATE	ENTERED
RECEIVED	

Accident - Incident – Near Miss – Unsafe Condition Report						AI No:	
ACCIDENT		SPILL		NEAR MISS		UNSAFE CONDITION	OTHER
Location:							
ISSUE DESCRIPTION :							
Name:		Signature:		Time:		Date:	

Incident Outcome (Injury, spill quantity, property damage, downtime etc)			
Name:	Signature:	Time:	Date:

Initial Investigation			
Witnesses:		Witness Statement Attached?	
Equipment Issue?		Procedural Issue?	
Name:	Signature:	Time:	Date:

Corrective Actions Identified			
Name:		Signature:	
Time:		Date:	
Action	Responsible Person	Target Date	Completed
Enter issue in KMI & update AI tracker			
Name:		Signature:	
Time:		Date:	

Preventative Actions Identified			
AI Owner	Name:		Signature:
Date:			
Action	Responsible Person	Target Date	Completed
AI Owner to sign when AI closed:			

Name:		Signature:		Time:		Date:	
ODOUR Complaint							
Time and date of complaint:				Name and address of complainant:			
Telephone of complainant:							
Date of ODOUR:				Location of ODOUR:			
Weather conditions: - dry / rain / fog / snow				Temperature: - very warm / warm / mild / cold or degree if known:			
Wind strength – none / light / steady / strong / gusting:				Wind direction (eg from NE)			
<u>Complainant's description of ODOUR:</u> What does it smell like? Intensity? Duration? (Time) Constant or intermittent in this period?							
Are there any other complaints relating to the installation, or to that location? (either previously or relating to the same exposure):							
Any other relevant information?							
Is this ODOUR our problem? What was happening at the time that the ODOUR occurred?							
Operating conditions at the time the ODOUR occurred – flow rate / pressure at inlet / outlet?							
Actions taken:							
Completed by:							
DATE:				FORM COMPLETED BY: SIGNATURE:			

valspar