

Incident Log

BEST BAR NONE



Daily Log

Date: _____

Incident number and time	Action(s) taken	Patrons' names and description	Reason	Patron departure	Initials	
1. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> ID checked <input type="checkbox"/> Refused service <input type="checkbox"/> Cut off service <input type="checkbox"/> Ejected from the premises		<input type="checkbox"/> No ID <input type="checkbox"/> Minor <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other:	<input type="checkbox"/> Left alone <input type="checkbox"/> Left with friends <input type="checkbox"/> Police <input type="checkbox"/> Unknown	<input type="checkbox"/> Other: _____ _____ _____	
2. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> ID checked <input type="checkbox"/> Refused service <input type="checkbox"/> Cut off service <input type="checkbox"/> Ejected from the premises		<input type="checkbox"/> No ID <input type="checkbox"/> Minor <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other:	<input type="checkbox"/> Left alone <input type="checkbox"/> Left with friends <input type="checkbox"/> Police <input type="checkbox"/> Unknown	<input type="checkbox"/> Other: _____ _____ _____	
3. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> ID checked <input type="checkbox"/> Refused service <input type="checkbox"/> Cut off service <input type="checkbox"/> Ejected from the premises		<input type="checkbox"/> No ID <input type="checkbox"/> Minor <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other:	<input type="checkbox"/> Left alone <input type="checkbox"/> Left with friends <input type="checkbox"/> Police <input type="checkbox"/> Unknown	<input type="checkbox"/> Other: _____ _____ _____	
4. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> ID checked <input type="checkbox"/> Refused service <input type="checkbox"/> Cut off service <input type="checkbox"/> Ejected from the premises		<input type="checkbox"/> No ID <input type="checkbox"/> Minor <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other:	<input type="checkbox"/> Left alone <input type="checkbox"/> Left with friends <input type="checkbox"/> Police <input type="checkbox"/> Unknown	<input type="checkbox"/> Other: _____ _____ _____	

Additional notes: _____

Incident Injuries

Incident number and time	Part of body Injured	Cause of injury	Description of incident	Actions taken	Initials
1. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				<input type="checkbox"/> Patron(s) refused assistance <input type="checkbox"/> Administered first aid <input type="checkbox"/> Phoned ambulance <input type="checkbox"/> Phoned police <input type="checkbox"/> Completed incident reports <input type="checkbox"/> Reviewed incident with management <input type="checkbox"/> Notified lawyer <input type="checkbox"/> Notified insurance company <input type="checkbox"/> Other:	
2. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				<input type="checkbox"/> Patron(s) refused assistance <input type="checkbox"/> Administered first aid <input type="checkbox"/> Phoned ambulance <input type="checkbox"/> Phoned police <input type="checkbox"/> Completed incident reports <input type="checkbox"/> Reviewed incident with management <input type="checkbox"/> Notified lawyer <input type="checkbox"/> Notified insurance company <input type="checkbox"/> Other:	

Follow-up/Recommendations: _____

Supervisor's Signature: _____ Date: _____