

Sample Incident Log

Daily Log Date: _____

Incident Number And Time	Action Taken	Patron's Name / Description	Reason	Patron Departure	Initials
1. Time: _____ __ a.m. __ p.m.	<input type="checkbox"/> ID Checked <input type="checkbox"/> Refused Service <input type="checkbox"/> Cut Off Service <input type="checkbox"/> Ejected from 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"/> Police <input type="checkbox"/> Left with Friends <input type="checkbox"/> Unknown <input type="checkbox"/> Taxi <input type="checkbox"/> Other:	
1. Time: _____ __ a.m. __ p.m.	<input type="checkbox"/> ID Checked <input type="checkbox"/> Refused Service <input type="checkbox"/> Cut Off Service <input type="checkbox"/> Ejected from 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"/> Police <input type="checkbox"/> Left with Friends <input type="checkbox"/> Unknown <input type="checkbox"/> Taxi <input type="checkbox"/> Other:	
1. Time: _____ __ a.m. __ p.m.	<input type="checkbox"/> ID Checked <input type="checkbox"/> Refused Service <input type="checkbox"/> Cut Off Service <input type="checkbox"/> Ejected from 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"/> Police <input type="checkbox"/> Left with Friends <input type="checkbox"/> Unknown <input type="checkbox"/> Taxi <input type="checkbox"/> Other:	
1. Time: _____ __ a.m. __ p.m.	<input type="checkbox"/> ID Checked <input type="checkbox"/> Refused Service <input type="checkbox"/> Cut Off Service <input type="checkbox"/> Ejected from 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"/> Police <input type="checkbox"/> Left with Friends <input type="checkbox"/> Unknown <input type="checkbox"/> Taxi <input type="checkbox"/> Other:	

Additional Notes: _____

ACCIDENTS/INJURIES

Incident Number and Time	Part of Body Injured	Reason Injury Occurred	Description of Incident	Action Taken	Initials
1. Time: _____ __ a.m. __ p.m.				<input type="checkbox"/> 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 Manager <input type="checkbox"/> Notified Lawyer <input type="checkbox"/> Notified Insurance Company <input type="checkbox"/> Other: _____	
1. Time: _____ __ a.m. __ p.m.				<input type="checkbox"/> 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 Manager <input type="checkbox"/> Notified Lawyer <input type="checkbox"/> Notified Insurance Company <input type="checkbox"/> Other: _____	

Follow Up / Recommendations: _____

Supervisor's Signature: _____

Date: _____

DAILY LOG BOOK

Date: _____

Weather (Temperature and conditions, e.g., rain, snow, hail): _____

Daily Diary (brief description of today's events)

Staff Names	Time On Shift	Time Off Shift

REQUIRES ATTENTION

Furnishings	Equipment	Supplies

Sales (\$)	Over / Short (+ / -)
Liquor:	
Food:	
Other:	
Total:	

Reviewed by: _____

Actions: _____

Review Date: _____