

# 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"/> 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"/> Left with friends <input type="checkbox"/> Taxi <input type="checkbox"/> Other: _____	<input type="checkbox"/> Police <input type="checkbox"/> Unknown
2. Time: __ a.m. __ p.m.	<input type="checkbox"/> ID checked <input type="checkbox"/> Refused 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"/> Left with friends <input type="checkbox"/> Taxi <input type="checkbox"/> Other: _____	<input type="checkbox"/> Police <input type="checkbox"/> Unknown
3. Time: __ a.m. __ p.m.	<input type="checkbox"/> ID checked <input type="checkbox"/> Refused 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"/> Left with friends <input type="checkbox"/> Taxi <input type="checkbox"/> Other: _____	<input type="checkbox"/> Police <input type="checkbox"/> Unknown
4. Time: __ a.m. __ p.m.	<input type="checkbox"/> ID checked <input type="checkbox"/> Refused 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"/> Left with friends <input type="checkbox"/> Taxi <input type="checkbox"/> Other: _____	<input type="checkbox"/> Police <input type="checkbox"/> Unknown

Additional Notes: \_\_\_\_\_

## ACCIDENT/INJURIES

Incident Number and Time	Part of Body Injured	Reason Injury Incurred	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: _____	
2. 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: \_\_\_\_\_