



Incident Report

| | |
|--|--|
| Date: _____ | Time incident occurred: _____ : _____ am / pm |
| Weather: Sun / Clouds / Wet / Dry / Snow / Wind | |

Customer details

| | | |
|---|--|--------------------------|
| Name: _____ | Sex: Male / Female | Birth date: _____ |
| Age: 19-25 / 26-30 / 31-35 / 36-40 / 41-49 / 50-59 / 60-65 / 66+ | | Height: _____ |
| Weight: _____ | Eye colour: Blue / Brown / Green / Grey / Unknown | Glasses: Yes / No |
| Facial hair: Moustache / Beard / Goatee / Other: _____ | | |
| Hair colour: Blonde / Brown / Black / Grey / Other: _____ | | |
| Hair length: Short / Mid / Long Details: _____ | | |
| Clothes: _____ | | Other: _____ |
| Was the person alone? Yes / No / Don't know | If no, name of person they were with? _____ | |
| Were staff familiar with the patron and/or accompanying patrons? Yes / No / Don't know | | |
| Why/how were they familiar? _____ | | |

Denial of entry

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|---|
| Reason: Intoxicated / Minor / Troublesome / Dress code / No ID / False ID / Previously barred / Other: _____ |
|---|

Refusal of service / Removal from premises

| | |
|--|---|
| Reason: Intoxicated / Troublesome / Minor / Other: _____ | Number of drinks consumed on premises: _____ |
| What was the patron drinking? Beer / Wine / Spirits / Fortified wine / Other: _____ | |
| Were all of the patron's receipts retained? Yes / No | Receipt numbers: _____ |
| Names of all staff who served patron: _____ | |
| Refusal by whom? _____ | Was the patron removed from the premises? Yes / No |
| Names of all staff involved in removal: _____ | |
| Did all staff removing the patron possess security certificates? Yes / No | |

Injury / accident

| | |
|---|--|
| What happened? _____ | |
| What part of the body was affected? _____ | |
| First aid administered by staff? Yes / No | If yes, describe: _____ |
| Emergency services attended? Yes / No | Was hospitalization required? Yes / No |
| How did the patron contribute to their injury? _____ | |
| If trip or fall, condition of the floor and any foreign substances detected: _____ | |
| Are photos available of the area? Yes / No | If altercation, were the patrons involved separated? Yes / No |

Minor on premises

| | |
|--|--|
| Was the minor caught drinking alcohol? Yes / No | If yes, who gave the minor a drink? |
| Was ID checked? Yes / No | If yes, by whom? |
| If yes, indicate type of ID: BC Services Card / Driver's License / BCID / Passport / Military ID / Other: | |

Transportation

| | | |
|--|-------------------------|------------------------------|
| Were alternate methods of transportation offered? Yes / No | If yes, specify: | |
| How did the patron leave the premises? Taxi (company: _____) / Friend on premises Friend from home / Walking / Car / Motorcycle / Bicycle / Boat / Police / Other: | | |
| If taxi taken, was patron observed getting into taxi? Yes / No | | |
| If the patron drove home in their own vehicle, please specify: | | License plate number: |
| Province/State: | Colour: | Make: |
| Steps taken to prevent patron from driving: | | |

Police

| | | | | | |
|---|-------|---------|-----------------------------------|-------|---------|
| Time of call: | _____ | am / pm | | | |
| Time of patron's departure: | _____ | am / pm | Time of officer's arrival: | _____ | am / pm |
| Name of officer(s): | | | Badge number(s): | | |
| Were police provided any documents? Statements / Receipts / Video / Bar Watch / TreoScope / Other: | | | | | |

Witnesses (if possible obtain for at least 2 witnesses)

| | | | |
|-------------------------|-------|-------------------------|-------|
| Witness #1 name: | _____ | Witness #2 name: | _____ |
| Address: | | Address: | |
| Telephone: | | Telephone: | |

Detailed description of incident (include documentation on how much alcohol was served; recommend attaching copy of staff schedule for that day)

| |
|---|
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|

| | |
|---|---------------------------------------|
| All appropriate steps have been taken: Yes / No | |
| All evidence has been retained? Statements / Receipts / Video / Bar Watch / TreoScope / Other: | |
| Manager notified: Yes / No | If yes, name of manager: _____ |
| Insurance company / broker contacted? Yes / No | Date contacted: |

We, the undersigned affirm that all the information recorded herein is factual, accurate and complete regarding the circumstances surrounding the incident.

| | | | | | |
|--------------------|-------|-------------------|-------|------------------|--|
| Print name: | _____ | Signature: | _____ | Position: | |
| Print name: | _____ | Signature: | _____ | Position: | |