

# 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:** \_\_\_\_\_

## 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: _____	
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:	
<b>Total:</b>	

Reviewed by: _____
Actions: _____
_____
_____
Review Date: _____