

ALCOHOL INCIDENT REPORT

ALL employees and customers involved or witnessing the incident need to fill out a separate report and document in their own words what they saw and what happened.

Attach a copy of guest check to the report made by the specific server or bartender involved.

Guest's name: _____ (If possible)

Your name: _____ Contact Info _____

You are an (circle one) Employee Customer

Date of incident: ____/____/____ Time of incident: ____ am / pm

Type of incident (Check one)

Refused Alcohol Service based on:

- Apparent intoxication/physical impairment. What signs made you come to this conclusion? Ex. slurring, change in behavior, loss of balance, aggressive, etc.

_____	_____
_____	_____
_____	_____

Was this person served alcohol by you or in the establishment? YES NO

If the answer is yes:

How many drinks were served? _____ Over what period of time? _____

What type of drinks were served? _____

Was food offered or served to this person? YES NO

If the answer is yes:

What time was the food offered/served? _____

What food was served? _____

Person was providing alcohol to a minor

Was the minor able to consume any alcohol?

If so, how much do you think they were provided _____

Provided alternate transportation (Yes / No) If yes, complete one of the following

Friend - Name _____ Contact numer(___) ___ - ___ - ___

Car Make and Model _____ Tag # _____

Taxi - Driver's Name _____ ID Number _____

Cab Company _____ Phone (___) ___ - ___ - ___

Uber, etc - Driver's Name _____ Tag # _____

Phone (___) ___ - ___ - ___

Other - _____

Altercations or other problems

Was anyone injured? Yes No Was an ambulance called? Yes No

If yes to either question, provide details as you know them. _____

Had to call 911 or the police Yes No

If yes, what time were they called? _____ What time did they arrive: _____

What was the result of the call? _____

Name(s) of person(s) involved in incident if they are not filling out a report and contact information (if possible).

Name

Contact info

Signature _____

Today's Date: ___/___/___