

Daily log

Date: _____

| Incident number and time | Action(s) taken | Patrons' names and 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 the 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"/> Cut off service <input type="checkbox"/> Ejected from the 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"/> Cut off service <input type="checkbox"/> Ejected from the 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"/> Cut off service <input type="checkbox"/> Ejected from the 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: _____

INCIDENT INJURIES

| Incident number and time | Part of body Injured | Cause of injury | Description of incident | Actions taken | Initials |
|-----------------------------|----------------------|-----------------|-------------------------|--|----------|
| 1. Time: __ a.m. __ p.m. | | | | <input type="checkbox"/> Patron(s) 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 management <input type="checkbox"/> Notified lawyer <input type="checkbox"/> Notified insurance company <input type="checkbox"/> Other: _____ | |
| 2. Time: __ a.m. __ p.m. | | | | <input type="checkbox"/> Patron(s) 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 management <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:

Time:

Weather (Temperature and conditions): _____

| Daily Diary (Description of day's events) |
|---|
| |
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| Names of staff on shift | Time on shift | Time off shift |
|-------------------------|---------------|----------------|
| | | |
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REQUIRES ATTENTION

| Furnishings | Equipment | Supplies |
|-------------|-----------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

| | |
|--------------|--|
| Reviewed by: | |
| Actions: | |
| | |
| | |
| | |
| | |
| Review date: | |