

INCIDENT DOCUMENTATION FORM**



Responsible
Alcohol
Management
Program



Date _____ Time _____ AM/PM

Patron Name _____

Address _____

Phone Number _____ Employer _____

Age of the person _____ Verified or Approximated (circle one)

Physical Description of Patron _____

1. Was the patron's ID checked? Yes ___ No ___ By Whom _____

Type of ID presented _____ Number _____

*Check method of documentation used. 931 Declaration of Age Card Photocopy

Video Polaroid ID Swipe Machine

2. Time the patron arrived _____ AM/PM Time departed _____ AM/PM

3. Where was the patron before your place? _____

4. Number and types of drinks served: _____

5. In what amount of time were the drinks served? _____

6. Was the patron injured? Yes ___ No ___ Describe the injury _____

Was medical attention given? Yes ___ No ___

Was hospitalization needed? Yes ___ No ___

How did the patron contribute to the injury? _____

7. Were law enforcement authorities called? Yes ___ No ___

Time of the call _____ AM/PM Who made the call? _____

Name(s) of the officer(s) responding: _____

8. Did the patron drive from the establishment? Yes ___ No ___

9. Auto Make _____ Model _____ Color _____ License Number _____

10. If the incident occurred outside, describe weather conditions: _____

11. Describe the incident, (including eyewitness accounts) _____

Employee Name _____

Address _____ Phone _____

Signature _____

Witness #1 Name _____

Address _____ Phone _____

Signature _____ Employer _____

Witness #2 Name _____

Address _____ Phone _____

Signature _____ Employer _____

Signature of person completing the form _____ Date _____

* This form is not a legal substitute for the PLCB-931 Declaration of Age Card.

** This form may be duplicated without the permission of the Pennsylvania Liquor Control Board.