

INCIDENT DOCUMENTATION FORM**



Responsible
Alcohol
Management
Program



Date _____ Time _____ AM/PM

Licensed Establishment Name _____ LID # _____

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 Photo I.D. 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. Did the patron consume food while at the establishment? Describe _____

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

Was professional attention needed? Yes ___ No ___

How did the patron contribute to the injury? _____

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

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

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

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

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

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

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

Employee Name _____ Signature _____

Address _____ Phone _____

Witness #1 Name _____ Signature _____

Address _____ Phone _____

Witness #2 Name _____ Signature _____

Address _____ Phone _____

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.
*** Once completed, keep on licensed premises for two (2) years.