

## ALCOHOL INCIDENT REGISTER

Date of incident		Time of incident	
Store Name and address			
Type of incident	Customer drunk	No ID	Other:
	Customer injured	Staff injured	
<b>Describe the incident:</b>			
<b>Action Taken:</b>			
Were the police called ?	YES / NO	<b>Details:</b>	
<b>Follow up actions or notes:</b>			
Completed By		Signature	

**ENSURE ALL COMPLETED FORMS ARE FILED AWAY IN STORE**