

INCIDENT DOCUMENTATION FORM**

Once completed, keep on licensed premises for two years.



Date _____ Time _____ AM PM

LICENSED ESTABLISHMENT NAME: _____ LID#: _____

PATRON NAME: _____

Address: _____

Phone Number: _____ Employer: _____

Patron's age: _____ Verified Approximated (check one)

Physical description of patron: _____

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

Type of ID presented: _____ ID number: _____

Method of documentation used**:

<input type="checkbox"/> PLCB-931 Declaration of Age Card	<input type="checkbox"/> Photocopy
<input type="checkbox"/> Video	<input type="checkbox"/> ID swipe machine

2. Time patron arrived: _____ AM PM Time patron departed: _____ AM PM

3. Where was the patron before your establishment? _____

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: _____

Was professional attention needed? Yes No

Did the patron contribute to the injury? Yes No Describe: _____

8. Were law enforcement authorities called? Yes No

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

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

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

10. Auto make: _____ Model: _____ Color: _____ License #: _____

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

12. Describe the incident including eyewitness accounts. Attach additional pages if needed.

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 may be duplicated without the permission of the Pennsylvania Liquor Control Board. **This form is not a legal substitute for the PLCB-931 Declaration of Age Card.