

# Incident Log Book

<u>Time/Date</u>	<u>Action Taken</u>	<u>Name/Description</u>	<u>Reason /Event</u>	<u>Customer Departure</u>	<u>Employee Name &amp; Initials</u>
Time: Date:	<input type="checkbox"/> ID Checked <input type="checkbox"/> Refused Service <input type="checkbox"/> Cut off service <input type="checkbox"/> Ejected <input type="checkbox"/> Think Twice Unit Unit #:		<input type="checkbox"/> Intoxicated <input type="checkbox"/> No ID <input type="checkbox"/> Minor _____ Other	<input type="checkbox"/> Left alone <input type="checkbox"/> Left friends <input type="checkbox"/> Picked-up <input type="checkbox"/> Unknown <input type="checkbox"/> Police _____ Other	
Time: Date:	<input type="checkbox"/> ID Checked <input type="checkbox"/> Refused Service <input type="checkbox"/> Cut off service <input type="checkbox"/> Ejected <input type="checkbox"/> Think Twice Unit Unit #:		<input type="checkbox"/> Intoxicated <input type="checkbox"/> No ID <input type="checkbox"/> Minor _____ Other	<input type="checkbox"/> Left alone <input type="checkbox"/> Left friends <input type="checkbox"/> Picked-up <input type="checkbox"/> Unknown <input type="checkbox"/> Police _____ Other	
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