

# VENDOR & STAFF INCIDENT RECORD FORM

Date: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Server: \_\_\_\_\_ Manager: \_\_\_\_\_

Guest Name and Description: \_\_\_\_\_

Non-Alcoholic Drinks Offered: \_\_\_\_\_

Accepted: \_\_\_\_\_

Alternate Transportation Offered: \_\_\_\_\_ Accepted: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Intervention Strategies Used: \_\_\_\_\_

Other Witnesses: \_\_\_\_\_

Signatures: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Incident Follow Up**

How was this incident handled by the server? \_\_\_\_\_

Were policies followed? Yes No: Explanations: \_\_\_\_\_

Incident Resolution: \_\_\_\_\_