



RAMP Incident Documentation Log

Responsible Alcohol Management · Confidential

For internal management & legal use only

1 · INCIDENT OVERVIEW

Date of incident: _____ Time: _____ AM / PM

Employee(s) involved: _____

Location: ☐ Main Bar ☐ Dining Room ☐ Patio ☐ Entrance / Host Stand

2 · PATRON INFORMATION

Name (if known): _____

Physical description: _____ (height, build, clothing if name unknown)

ID checked? ☐ Yes ☐ No Type of ID: _____

Verification: ☐ Scanner ☐ Visual ☐ PLCB-931 Declaration Card

3 · OBSERVATIONS & ACTIONS

Signs of impairment: ☐ Slurred speech ☐ Glassy eyes ☐ Staggering ☐ Loud/aggressive ☐ Spilling drinks [
] Odor of alcohol

Action taken: ☐ Refused service (time: _____) ☐ Offered food/water (accepted? ☐ Y ☐ N)

☐ Arranged transport: ☐ Uber/Lyft ☐ Friend/Family ☐ Refused ☐ Escorted off by: _____

4 · INCIDENT DETAILS

Drinks served at Old Friend: _____ Arrived: _____ Departed: _____

Appeared intoxicated upon arrival? [] Yes [] No

Description (statements, altercations, property damage):

5 · LAW ENFORCEMENT & WITNESSES

Police called? [] Yes [] No Time: _____ Officer / badge #: _____ Report #: _____

Witness 1 (name / contact): _____

Witness 2 (name / contact): _____

6 · MANAGER REVIEW

Employee signature: _____ Date: _____

Manager signature: _____ Date: _____