



Liquor Liability

LIQUOR LIABILITY INCIDENT REPORT FORM

Establishment Name: _____

Date: _____ Time: _____

Name of Alleged Intoxicated Person (AIP): _____

Address of AIP: _____

AIP Arrival Time: _____ Departure Time: _____

Bartenders/Servers: _____

Description of Incident: _____

Intervention Strategies Used: _____

Comments: _____

Filled out by: _____

Position: _____ Date: _____

LIQUOR LIABILITY INCIDENT REPORT ADDENDUM

To be completed in the event of an accident or injury.

Loss Location: _____

Injured Party Name: _____

Injured Party Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____

Injury/Complaints: _____

Medical Attention Received: _____

Witness: _____ Phone: _____

Address: _____

Authorities Contacted Yes No

If Yes, whom: _____

How were you notified of accident? _____