



DOORSAFE LOG BOOK

Premises Name:.....

Premises Address:

.....

.....

| TIME | DETAILS OF INCIDENT & ACTION TAKEN (INCL. IF POLICE OR AMBULANCE CALLED ETC) | NAME AND BADGE NO. OF DOOR SUP. RECORDING INCIDENT | CCTV OF INCIDENT BACKED UP? |
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| DAILY SIGN OFF - I CONFIRM THAT ALL INCIDENTS HAVE BEEN RECORDED AND HAVE BEEN RECORDED ACCURATELY | SIGNATURE | DATE: |
| HEAD DOORMAN: (NAME) | | |
| DPS/ MANAGER: (NAME) | | |

| REFUSAL AT THE DOOR | | |
|---------------------|--------|---------|
| TIME | REASON | INITIAL |
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AGENCY VISITS:

TYPE OF VISIT

| | TIME | COMMENTS |
|-----------|------|----------|
| POLICE | | |
| LICENSING | | |
| SIA | | |
| OTHER | | |

OFFICIALS' DETAILS

| NAME | TITLE | BADGE NO. |
|------|-------|-----------|
| | | |
| | | |
| | | |

REASON FOR VISIT: _____

COMMENTS

