

DOORSAFE LOG BOOK

Premises	Name:	•••••	• • • • • • • •	•••••	• • • • • • • •	••••••	•••
Premises	Address	•	•••••	•••••	•••••	•••••	••••
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DAILY DOOR STAFF REGISTRATION

DAY: DATE:											
DUTY MANAGER:											
HEAD DOORMAN:											
DOOR SUPERVISOR'S NAME		R'S	SIA NUMBER			TIME IN IN		IN	ITIALS	TIME OUT	INITIALS
				CAPAC	ITY L	OG					_
TIME	NET	TIME	NET	TIME	NE	Т	TIMI	E	NET	TIME	NET
								_			
TIME	LINUTIAL	TIME	INITIAL	TOILET			TIAAE	<u>-</u> T	INIITIAI	TIME	INITIAL
TIME	INITIAL	TIME	INITIAL	TIME	INIT	IAL	TIME		INITIAL	TIME	INITIAL
FIRE EXIT CHECKS											
TIME	INITIAL	TIME	INITIAL	TIME	INIT		TIME	Ε	INITIAL	TIME	INITIAL
								\dashv			

TIME	IF POLICE OR AMBULANCE CALLED ETC)	NAME AND BADGE NO. OF DOOR SUP. RECORDING INCIDENT	CCTV OF INCIDENT BACKED UP?
DAILY	SICN OFF	ATUDE	DATE

DAILY SIGN OFF - I CONFIRM THAT ALL INCIDENTS HAVE BEEN	SIGNATURE	DATE:
RECORDED AND HAVE BEEN RECORDED ACCURATELY		
HEAD DOORMAN: (NAME)		
DPS/ MANAGER: (NAME)		

		REFUSAL AT THE	DOOR		
TIME		REASON			INITIAL
AGENCY VISIT	S:				
TYPE OF VISIT					
	TIME		COMMENTS		
POLICE					
LICENSING					
SIA OTHER					
OFFICIALS' DE	TAILS	1		T	
	NAME		TITLE	BAD	GE NO.
		,		I.	
REASON FOR V	ISIT:				
		COMMENTS			
		COMMENTS			