**Liquor Establishment Observation Report**

Date:      Time in:       Time out:        
  
Case Number:        
   
Officer(s):         
  
Establishment Name:       Address:

**Observations**

1. # wait staff/bartenders currently working:       # security staff currently working:
2. # of patrons:       Posted occupancy limit:       Not posted/not visible:
3. After hours service noted: Yes  or No . If yes, time:
4. Exits/Lighting/Visibility: Good  Fair  Poor  Parking lot/Outside lighting: Good  Fair  Poor
5. Did agents observe employees drinking while on duty? Yes  or No .
6. Did agents observe patrons’ IDs being checked on people who appeared under 30? (Circle one of the following options.)

All of the time  Most of the time  Some of the time  Never  No one under 30 ordering drink

1. Did agents check patrons’ IDs? Yes  or No . If yes, how many?       Results:
2. Any patrons appear intoxicated? Yes  or No . If yes, how many?
3. Over service of alcohol observed? Yes  or No .
4. Alcohol leaving the licensed premise? Yes  or No .
5. Happy hour/Drink specials/other events at time of visit? Yes  or No .
6. Spoke with Manager/Owner? Yes  or No . If yes, name:

**Notes:**      

**Names/Subjects**

**Status:** **A** – Arrested **C** - Cited **D** – Detox/Hospital **E** – Employee/Server  **M** – Manager/Owner **O** – Other **S** – Suspect **W** – Witness

Name:       DOB:       Status:

Address:       City:       State:       ZIP:        
  
Phone: (H)       (C)       (W)

Check all descriptors that apply:

Odor of Alcohol  Lying Down PBT Value:

Reddened/Bloodshot Eyes  Asleep

Watery/Glassy Eyes  Unconscious

Slurred Speech  Belligerent

Slow Speech  Agitated/Profanity

Mumbling/Incoherent  Combative/Fighting

Staggering  Crying

Using objects or  Vomiting

people for balance

**Additional Information**  
Did agents observe person order drink?        
  
Did agents observe person drinking?

**Names/Subjects**

**Status:** **A** – Arrested **C** - Cited **D** – Detox/Hospital **E** – Employee/Server  **M** – Manager/Owner **O** – Other **S** – Suspect **W** – Witness

Name:       DOB:       Status:

Address:       City:       State:       ZIP:        
  
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