

BAR CHECK/FAKE ID SWEEP FORM

inside of an on-premise establishment. Please complete a form for each establishment visited. The lead agency in multi-iurisdictional efforts should fill out this form. PLEASE WRITE IN CAPS.
DATE: TIME: TIME: OAM OPM
REPORTING AGENCY:
COUNTY OF OPERATION:
CITY/TOWN: CIRCUIT:
ESTABLISHMENT NAME: ESTABLISHMENT ADDRESS:
TYPE OF ESTABLISHMENT
OBar ORestaurant OBar/Restaurant OHotel OOther
of Patrons in Establishment: # of Officers Involved:
Below, indicate which of the following activities took place at the establishment and provide the indicated information. Use the following definitions: Fake ID Sweep = checking IDs of possible underage patrons. Retailer Violations = Inspecting for possible violations by establishment or sales staff. Casual Contact = Visiting with sales staff/management, not proactively looking for violations.
O Fake ID Sweep? # of Fake IDs Identified:
of All Other Tickets Issued to Patrons: Specify:
O Retailer Violations? # of Tickets Written: Specify:
of Verbal/Written Warnings Issued: Specify:
O Casual Contacts? Issues addressed, if any:
Please fill in the demographics of those ticketed/warned. Offenders should be counted as Hispanic or Non-Hispanic in addition to being counted as Black/White/Other/etc. Please enter counts, not percentages. Male Female Hispanic Non-Hispanic Multi-Racial Hawaiian/Pacific Islander Other 15-17 18-20 21-24 25-44 45-64 65+
Name of person submitting this form:
Phone () E-mail:
Form last edited Nov. 2011