

ESSENTIAL CRITERIA DOCUMENT CHECKLIST

Do you have the following: -	Y/N
Written policies – Book, Folders or Files	
Written Staff Training Records	

In your Written Policies – you should cover: -	
Capacity – how to prevent overcrowding	
Security review records	
Accident book and incident logs	
How to deal with drunks and drunkenness	
Responsible Drinks Promotions	
How to promote Zero Tolerance of Drugs	
Crime Prevention	
How to deal with Disorder	
Glass collection strategy	
Fire Risk Assessment - Available from www.syfire.gov.uk	
Evacuation plan	
Building Maintenance Policy and logs	
Noise Reduction Policy	
Prevention of Under Age Drinking (Challenge 21)	

Your Staff Training should cover: -	
How to deal with drunks and drunkenness	
How to deal with drugs	
Crime Prevention	
How to deal with Disorder	
Fire Safety Procedures	
Prevention of Under Age Drinking	

Your Staff Training Records should include: -	
Staff Members Name	
Who delivered the training	
Date of Training	
Type of training	
Staff member and trainers signature	

Capacity Log Book

Date: / /

Pre-Start Checks	Completed	
1. Fire escapes unlocked and cleared to route end.	Yes	No
2. Door Supervisors signed in.	Yes	No
3. Door Supervisors wearing SIA badges.	Yes	No
4. If venue open on arrival, occupancy head count.	Yes	No
5. Pre-Start briefing with DPS		
6. Any special instructions delivered to staff.	Yes	No
7. Any new starters walked around the venue.	Yes	No

Verified by: _____

Managers Signature: _____

Occupancy Level Record

Time	Count:	Total in:	Refused:	Initial:
19.00				
19.30				
20.00				
20.30				
21.00				
21.30				
22.00				
22.30				
23.00				
23.30				
0.00				
0.30				
1.00				
1.30				
2.00				
2.30				
3.00				
3.30				
4.00				

General Comments: _____

Occupancy count at shift start: _____

Max. occupancy during night: _____

Managers Signature _____



SIA DOOR SUPERVISOR RECORD

NAME:

Date Started: / /

ADDRESS

DATE OF BIRTH:

SIA BADGE No.

/ /

I confirm that all of the information supplied above is current.

Signed by Door Supervisor:

Dated: / /

I verify that I have checked all of the documentation detailed above.

Signed by Employer:

Dated: / /



ILLEGAL DRUGS LOG

VENUE:

DATE:	TIME:	ILLEGAL DRUGS FOUND Brief Discription	WHERE FOUND	ACTION TAKEN Include names if known and bag No.	POLICE CALLED? If yes give incident No.	INCIDENT LOGGED BY?
/ /	:					
/ /	:					
/ /	:					
/ /	:					
/ /	:					
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/ /	:					
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/ /	:					
/ /	:					
/ /	:					

BUILDING MAINTENANCE RECORD

VENUE:

DATE: / /

AREA	CHECKED BY	CONDITION			MAINTAINANCE REQUIRED (If nil, record N/A)	ACTION TAKEN (If none needed record N/A)	ACTIONED BY INITIAL	DATE COMPLETED
	INITIAL	GOOD	FAIR	POOR				
EXTERNAL AREAS								
INTERNAL AREAS								
TOILETS								
LADIES								
GENTS								
CELLAR/ STORES								
OFFICE/ OTHER								

TOILET CHECK RECORD

VENUE:

DATE: / /

	TIME:	CONDITION			PROBLEM (If nil, record N/A)	ACTION TAKEN (If no problem, record N/A)	ACTIONED BY
		GOOD	FAIR	POOR			
LADIES	:						
GENTS	:						
LADIES	:						
GENTS	:						
LADIES	:						
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GENTS	:						



STAFF INDUCTION TRAINING RECORD

NAME:

Date Started: / /

INDUCTION TRAINING:	DATE OF TRAINING:	TRAINING DELIVERED BY:
Authority to sell alcohol	/ /	
Underage Drinking (Challenge 21)	/ /	
Weights and Measures	/ /	
Trades Descriptions	/ /	
"Passing Off"	/ /	
Misuse of Drugs	/ /	
Opening Hours	/ /	
The law on serving drunks	/ /	
Food Safety Act	/ /	
Food Hygiene Regulations	/ /	
Health & Safety	/ /	
Social Responsibilities	/ /	
Other:		
	/ /	
	/ /	
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I have received induction training as indicated on this form.

Signed by Employee:

Dated: / /

I have delivered induction training as indicated on this form.

Signed by Employer:

Dated: / /



ONGOING STAFF TRAINING RECORD

NAME:

Date Started: / /

TYPE OF TRAINING:

IN-HOUSE TRAINING:

DATE OF TRAINING:

TRAINING DELIVERED BY:

SIGNED BY EMPLOYEE:

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FORMAL TRAINING e.g. BII, NVQ, City & Guilds

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