

A manual for safer licensed premises

intoxicated?

This manual has been delivered by (name)	
To the following premises	
Name of town/village	
<hr/>	
Received by	
Signed	
Print name	Date



Top Tips

For the Designated Premises Supervisor (DPS)

- You must ensure that the Summary of the Premises Licence or Club Premises Certificate is displayed at the premises in a prominent place where it can be easily read by customers and authorised officers. (The Summary is usually the last few of pages of the complete premises licence or club premises certificate).
- (NB: if Summary is more than one page – it must be displayed so that each page can be read separately).
- Display a notice stating name of DPS and the Licence Holder's name and registered address.
- Keep the original (or a certified copy) of the Premises Licence or Club Premises Certificate safely on the premises – an authorised officer or a police officer may ask to see it on an inspection visit. The licence or certificate should be kept in the folder at the back of this Manual. If not there, ask the Premises Licence Holder for it.
- Make sure you read the licence or certificate and understand the hours of operation, the licensable activities that are permitted at these premises and the conditions (if any) that are attached to the licence or certificate.
- Give written authority to staff to allow them to sell alcohol on your behalf, so that you can demonstrate that you have taken appropriate measures and responsibility for the times you are not on the premises. Complete the 'Authorisation of Staff to Sell Alcohol' record in Section 1 of this manual
- Make sure staff do not serve alcohol to any customer who is drunk or underage. Set up a proof of age scheme (Challenge 25 or similar) – make sure all staff are fully trained to implement it.
- If you change your address you must notify the licensing authority that granted your personal licence - and the licensing authority that issued the premises licence (these are not necessarily the same). They will both need to update their records.
- Always maintain a good relationship with local residents – and attend your local Pubwatch meetings. If you cannot attend then ask a member of staff to attend on your behalf.
- Please keep this manual up-to-date – additional pages are available on request.

Extra copies of the manual and additional sheets for all the logs can be downloaded from the Staffordshire Moorlands District Council website www.staffsmoorlands.gov.uk

Contents

Section	Details of Licence Holder, DPS and Premises
1	Authorisations of Staff to Sell Alcohol Log
2	SIA Registered Door Supervisor Log
3	Incident Log
4	Refusal Log
5	CCTV Log
6	Staff Training Log
7	Record of Attendance at Pubwatch Meetings
8	Enforcement /Compliance Visit Checklist
9	<ul style="list-style-type: none"> • Useful Contacts • Information for obtaining Posters – Challenge
10	<ul style="list-style-type: none"> • Premises Licence / Club Premises Certificate (or Certified Copy if original document is kept by Head Office, Licence Holder or Solicitor) • Risk Assessments - eg Fire, Smoking etc • Policy Documents - eg Drugs, Weapons, Underage Sales (approved forms of identity etc), CCTV, Pubwatch Bans, Radio Link, Use of Posters • Fire Safety Certificate • Action Plan

Details of licence holder, designated premises supervisor (DPS) and premises

Name of premises	
Name	Date
Premises licence holder	
Designated premises supervisor (DPS)	
Any Changes	

Name of premises	
Name	Date
Premises licence holder	
Designated premises supervisor (DPS)	
Any Changes	

Name of premises	
Name	Date
Premises licence holder	
Designated premises supervisor (DPS)	
Any Changes	

Name of premises	
Name	Date
Premises licence holder	
Designated premises supervisor (DPS)	
Any Changes	

Name of premises	
Name	Date
Premises licence holder	
Designated premises supervisor (DPS)	
Any Changes	

Name of premises	
Name	Date
Premises licence holder	
Designated premises supervisor (DPS)	
Any Changes	

Name of premises	
Name	Date
Premises licence holder	
Designated premises supervisor (DPS)	
Any Changes	

Name of premises	
Name	Date
Premises licence holder	
Designated premises supervisor (DPS)	
Any Changes	

Authorisation of staff to sell alcohol

I, the designated premises supervisor (DPS) for these premises authorise members of staff as detailed below to sell alcohol on my behalf, under the terms of the Licensing Act 2003

Name of Staff		
Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff		
Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff		
Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff		
Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff		
Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff		
Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff		
Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff		
Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff

Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff

Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff

Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff

Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff

Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff

Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff

Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

Name of Staff

Print Staff Name	Signature	Date
Print DPS Staff Name	Signature	Date

SIA Registered door supervisor log

Please tick appropriate box(es)

Name of Door Supervisor				
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out
Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Please tick appropriate box(es)

Name of Door Supervisor

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Print Name		Signature		Date
Date of birth	SIA No.	Badge <input type="checkbox"/> Yes <input type="checkbox"/> No	Time In	Time Out

Incident log

In this Section you should keep a record of any incidents that occur at the premises. Incidents can include disorder on or outside the premises, persons refusing to leave the premises when asked, incidents of abusive language, etc.

This Log can be used to record refusals of entry to the premises, but not alcohol sales refusals.

Please use the Refusal Log in the next section of this manual for refusals to sell alcohol.

When recording incidents, you should record the **date, time, details, action taken,** and the **outcome of the incident.**

The Action Taken column should include: **name** of person the **incident was reported to; date and time** of that report; details of **crime/incident number** from **Police** if obtained; **name** and **collar number** if Police Officer involved.

Proper completion of this record will assist the authorities with any investigation of an incident.

Please tick appropriate box(es)

Incident Log		
Date	Time	Captured on CCTV <input type="checkbox"/> Yes <input type="checkbox"/> No
Incident details		Action taken
Print Name		Signature
Date	Time	Captured on CCTV <input type="checkbox"/> Yes <input type="checkbox"/> No
Incident details		Action taken
Print Name		Signature
Date	Time	Captured on CCTV <input type="checkbox"/> Yes <input type="checkbox"/> No
Incident details		Action taken
Print Name		Signature
Date	Time	Captured on CCTV <input type="checkbox"/> Yes <input type="checkbox"/> No
Incident details		Action taken
Print Name		Signature

Refusal log

Please tick appropriate box(es)

Date & time	(day, month, year)	am/pm	Staff member name
Product			
Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Other <input type="checkbox"/>			
Person refused			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Description	Approx. Age Height
Asked for ID			
Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PASS Logo ID <input type="checkbox"/>			

Date & time	(day, month, year)	am/pm	Staff member name
Product			
Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Other <input type="checkbox"/>			
Person refused			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Description	Approx. Age Height
Asked for ID			
Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PASS Logo ID <input type="checkbox"/>			

Date & time	(day, month, year)	am/pm	Staff member name
Product			
Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Other <input type="checkbox"/>			
Person refused			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Description	Approx. Age Height
Asked for ID			
Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PASS Logo ID <input type="checkbox"/>			

Date & time	(day, month, year)	am/pm	Staff member name
Product			
Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Other <input type="checkbox"/>			
Person refused			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Description	Approx. Age Height
Asked for ID			
Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PASS Logo ID <input type="checkbox"/>			

Date & time	(day, month, year)	am/pm	Staff member name
Product			
Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Other <input type="checkbox"/>			
Person refused			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Description	Approx. Age Height
Asked for ID			
Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PASS Logo ID <input type="checkbox"/>			

Please tick appropriate box(es)

Date & time (day, month, year) am/pm	Staff member name
Product Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Other <input type="checkbox"/>	
Person refused Male <input type="checkbox"/> Female <input type="checkbox"/> Description Approx. Age Height	
Asked for ID Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PASS Logo ID <input type="checkbox"/>	

Date & time (day, month, year) am/pm	Staff member name
Product Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Other <input type="checkbox"/>	
Person refused Male <input type="checkbox"/> Female <input type="checkbox"/> Description Approx. Age Height	
Asked for ID Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PASS Logo ID <input type="checkbox"/>	

Date & time (day, month, year) am/pm	Staff member name
Product Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Other <input type="checkbox"/>	
Person refused Male <input type="checkbox"/> Female <input type="checkbox"/> Description Approx. Age Height	
Asked for ID Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PASS Logo ID <input type="checkbox"/>	

Date & time (day, month, year) am/pm	Staff member name
Product Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Other <input type="checkbox"/>	
Person refused Male <input type="checkbox"/> Female <input type="checkbox"/> Description Approx. Age Height	
Asked for ID Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PASS Logo ID <input type="checkbox"/>	

Date & time (day, month, year) am/pm	Staff member name
Product Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Other <input type="checkbox"/>	
Person refused Male <input type="checkbox"/> Female <input type="checkbox"/> Description Approx. Age Height	
Asked for ID Yes <input type="checkbox"/> No <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> PASS Logo ID <input type="checkbox"/>	

CCTV log

Print Name of Data Controller (legal requirement of Data Protection Act 1988)	
Signature	Date
If you are the person responsible for how the system is used and for notifying the Information Commissioner about the CCTV System and its purpose, the current notification requirements can be found at: www.ico.gov.uk/what_we_cover/data_protection/notification.aspx	

If the Data Controller details change please complete below

Print Name of Data Controller (legal requirement of Data Protection Act 1988)	
Signature	Date
If you are the person responsible for how the system is used and for notifying the Information Commissioner about the CCTV System and its purpose, the current notification requirements can be found at: www.ico.gov.uk/what_we_cover/data_protection/notification.aspx	

Please tick appropriate box(es)

- Tape System
 (Do not keep longer than necessary ie 31 days)
- Disc System
 (Have a specified retention period eg 31 days)

Staff who can access the system

Print Name
Print Name
Print Name

The log overleaf should be completed at least monthly.

Please tick appropriate box(es)

Print Name	Signature		
------------	-----------	--	--

Tapes/Discs stored securely Yes <input type="checkbox"/> No <input type="checkbox"/>	CCTV notices displayed Yes <input type="checkbox"/> No <input type="checkbox"/>	Cameras in working order Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
---	--	--	------

Print Name	Signature		
------------	-----------	--	--

Tapes/Discs stored securely Yes <input type="checkbox"/> No <input type="checkbox"/>	CCTV notices displayed Yes <input type="checkbox"/> No <input type="checkbox"/>	Cameras in working order Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
---	--	--	------

Print Name	Signature		
------------	-----------	--	--

Tapes/Discs stored securely Yes <input type="checkbox"/> No <input type="checkbox"/>	CCTV notices displayed Yes <input type="checkbox"/> No <input type="checkbox"/>	Cameras in working order Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
---	--	--	------

Print Name	Signature		
------------	-----------	--	--

Tapes/Discs stored securely Yes <input type="checkbox"/> No <input type="checkbox"/>	CCTV notices displayed Yes <input type="checkbox"/> No <input type="checkbox"/>	Cameras in working order Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
---	--	--	------

Print Name	Signature		
------------	-----------	--	--

Tapes/Discs stored securely Yes <input type="checkbox"/> No <input type="checkbox"/>	CCTV notices displayed Yes <input type="checkbox"/> No <input type="checkbox"/>	Cameras in working order Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
---	--	--	------

Print Name	Signature		
------------	-----------	--	--

Tapes/Discs stored securely Yes <input type="checkbox"/> No <input type="checkbox"/>	CCTV notices displayed Yes <input type="checkbox"/> No <input type="checkbox"/>	Cameras in working order Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
---	--	--	------

Print Name	Signature		
------------	-----------	--	--

Tapes/Discs stored securely Yes <input type="checkbox"/> No <input type="checkbox"/>	CCTV notices displayed Yes <input type="checkbox"/> No <input type="checkbox"/>	Cameras in working order Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
---	--	--	------

Print Name	Signature		
------------	-----------	--	--

Tapes/Discs stored securely Yes <input type="checkbox"/> No <input type="checkbox"/>	CCTV notices displayed Yes <input type="checkbox"/> No <input type="checkbox"/>	Cameras in working order Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
---	--	--	------

Print Name	Signature		
------------	-----------	--	--

Tapes/Discs stored securely Yes <input type="checkbox"/> No <input type="checkbox"/>	CCTV notices displayed Yes <input type="checkbox"/> No <input type="checkbox"/>	Cameras in working order Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
---	--	--	------

Print Name	Signature		
------------	-----------	--	--

Tapes/Discs stored securely Yes <input type="checkbox"/> No <input type="checkbox"/>	CCTV notices displayed Yes <input type="checkbox"/> No <input type="checkbox"/>	Cameras in working order Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
---	--	--	------

Staff training log

Staff should be trained in all aspects of licensing responsibility – legal and social; This will include (but not exclusively) the responsible sale of alcohol, drugs awareness, refusals policy, exclusion policy, noise control, gambling policy, use of CCTV system,

attendance at Pubwatch or similar scheme, etc.

Staff should sign this log to confirm that they have been trained and understand the training. Refresher sessions should be carried out periodically and/or if there are any changes to the law or procedures.

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Trainer	Training topics	
---------	-----------------	--

Name trainee	Signature	Date
--------------	-----------	------

Which meeting	Meeting held at:
---------------	------------------

Who attended	Date	Time
--------------	------	------

Which meeting	Meeting held at:
---------------	------------------

Who attended	Date	Time
--------------	------	------

Which meeting	Meeting held at:
---------------	------------------

Who attended	Date	Time
--------------	------	------

Which meeting	Meeting held at:
---------------	------------------

Who attended	Date	Time
--------------	------	------

Which meeting	Meeting held at:
---------------	------------------

Who attended	Date	Time
--------------	------	------

Which meeting	Meeting held at:
---------------	------------------

Who attended	Date	Time
--------------	------	------

Which meeting	Meeting held at:
---------------	------------------

Who attended	Date	Time
--------------	------	------

Which meeting	Meeting held at:
---------------	------------------

Who attended	Date	Time
--------------	------	------

Which meeting	Meeting held at:
---------------	------------------

Who attended	Date	Time
--------------	------	------

Which meeting	Meeting held at:
---------------	------------------

Who attended	Date	Time
--------------	------	------

Enforcement/Compliance visit checklist

In this Section you will find an example of a checklist that will be used by the Licensing Authority or any of the Responsible Authorities specified in the Licensing Act 2003, when they make an enforcement or compliance visit.

The Responsible Authorities are:

- Police Authority
- Fire Authority
- Pollution Control Authority (Environmental Health)
- Health and Safety Authority (Environmental Health)
- Trading Standards
- Local Safeguarding Children Board
- Planning Authority
- Public Health Licensing Authority
- Immigration Authority

Premises Licence Holder and DPS

please note:

Please make sure that you have **all** the information/ documents listed in the example checklist overleaf is completed and available for inspection at all times.

Ensure that **all** members of staff are trained to be able to assist officers with any inspection or compliance visit if you are not available.

When an officer carries out a visit to these premises the details will need to be recorded overleaf – please make sure that a copy of the inspection checklist is filed in this folder and that the record sheet is signed by the officer before (s)he leaves the premises.

Enforcement/Compliance visit checklist

Please tick appropriate box(es)

Inspecting/Compliance Officer's name and organisation (eg Licensing Officer; Police Officer; Fire Officer; Environmental Health Officer, Trading Standards Officer)	Date	Time
Name of member of staff available at visit		
Is Designated Premises Supervisor (DPS) same as on licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment _____ _____		
Is Premises Licence Holder (PLH) same as on licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment _____ _____		
Premises Licence or Club Premises Certificate Summary displayed in prominent position? (pages by page) Yes <input type="checkbox"/> No <input type="checkbox"/> Comment _____ _____		
Is Premises Licence or Club Premises Certificate (or a certified copy) available for inspection? (See Section 10). Yes <input type="checkbox"/> No <input type="checkbox"/> Comment _____ _____		
Is an Authorisation of Staff to Sell Alcohol Log in this manual up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment _____ _____		
Is there evidence of a proof of age scheme? (Challenge 25 or similar) Any comments? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment _____ _____		
Is a Sales of Alcohol Refusal Log being kept? Any action? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment _____ _____		
CCTV in good working order with timely recordings available? Is CCTV Log being kept? Any action? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment _____ _____		
Is Staff Training Log being kept? Training should include underage sales, drugs policy, drunken customers policy training etc. Any issues? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment _____ _____		
If an action plan is in place, is a copy available? Any issues? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment _____ _____		

Useful contacts

Information	Available from
<p>Staffordshire Moorlands District Council - Licensing Team Alcohol, entertainment, late night refreshment licensing and gambling on licensed premises</p>	<p>Staffordshire Moorlands District Council Licensing Team licensing-1@staffsmoorlands.gov.uk www.staffsmoorlands.gov.uk</p>
<p>Staffordshire Moorlands District Council - Environmental Health Controlling noise nuisance and health and safety</p>	<p>envhealth@highpeak.gov.uk</p>
<p>Staffordshire Fire and Rescue Fire Safety</p>	<p>nsdg.protect@staffordshirefire.gov.uk</p>
<p>Trading Standards Weights and Measures Underage sales of alcohol, tobacco, knives etc</p>	<p>Trading Standards licensing@staffordshire.gov.uk</p>
<p>Police Licensing Unit Crime and disorder</p>	<p>licensinghq@staffordshire.police.uk</p>
<p>Leek, Biddulph, Cheadle Pubwatch</p>	<p>businesscrimeinitiative@staffordshire.pnn.police.uk</p>

Premises licence

Club premises certificate for inspection

In this Section you should file the original Premises Licence or Club Premises Certificate or the Certified Copy if the original is being held by the Licence Holder or Solicitor acting on behalf of the Licence Holder.

An Authorised Officer may ask to see this at any time.

The Summary part of this licence/certificate must be displayed at the premises in a prominent position (where it can be easily read by members of the public as well as employees) at all times.

This is a legal requirement.

If the Summary is made up of several pages, each page must be displayed separately.

The plans of the premises form part of the licence/certificate and should also be kept available for inspection by an authorised officer.

If there are any changes to the Premises Licence Holder (or Club name) or the DPS details, you should notify the Licensing Authority for advice on how to update the licence/certificate.

Policy documents

In this Section you should file copies of any policies you have developed and implemented. eg Refusals Policy, Exclusion Policy, Zero Tolerance Drugs Policy, Weapons Policy etc.

Your policies should detail how staff will deal with a particular issue and what is and what isn't acceptable customer behaviour. The policy should also stipulate the action that will be taken in the event of any breach of the policy.

For example:

An Exclusion Policy might state that anyone behaving in a manner which the management of the premises considers to be anti-social or disorderly will be asked to leave the premises. In the case of serious or repetitious behaviour the policy might be to permanently exclude persons from the premises.

The policy should detail under what circumstances the management or staff would be expected to call for police assistance.

The policy should require staff to complete the incident/exclusion log(s) held on the premises, after every incident – and copy this information to the Police if further action is considered necessary.

If you require assistance in writing any of these policies, advice is available from the licensing staff at the police authority; the anti-social behaviour officer at your district/borough council; and the trading standards section at Staffordshire County Council.

Contact details for these and other Authorities are contained in Section 9 of this manual.

Risk assessments

Records of any risk assessments you have carried out can be filed in this Section of the manual.

(Please check your licence conditions – you may be required to provide these).

Information on how to carry out a risk assessment can be found on the Health & Safety Executive website www.hse.gov.uk/risk/casestudies

If you require assistance you can also contact your local authority's Environmental Health Section (see contacts list in Section 9).

Action plan

In this Section you can file any Action Plan agreed by you and any of the Responsible Authorities.

Any Authorised Officer may ask to see this when carrying out an inspection, and (s)he will need to be satisfied that it has been, or is being complied with.

If you have any queries regarding the Action Plan you should contact the relevant authorities (see contacts list in Section 9).

Fire Safety Certificate

In this Section you can file your Fire Safety Certificate.
An Authorised Officer may ask to see this when
inspecting the premises.

