Sell-SMaRT
SAFE MARIJUANA RETAIL TRAINING

Incident Documentation

Establishment: _____

Day/Date _____ Time of Day _____

Agent (Name & Badge #) _____

(Manager on Duty) _____

Check One:

Refusal of Entry/ Sale	Fake/Borrowed/Expired ID	Product not secure	Inventory Discrepancy
Diversion	Illegal Activity	Purchase over limit	Other

Customer/Visitor Information: (Name, Address, Phone and/or Description): _____

_____

Describe In Detail What Occured: _____

_____

_____

_____

_____

Witnesses: [**NOTE**: Be thorough! Talk to employees who may have witnessed the event and if necessary, have them fill out a separate form].

Employee:	Customer:
Employee:	Customer:
Employee:	Customer:

List intervention techniques that were used:

Refusal of entry at front door	Yes	No
Refusal of sale at counter	Yes	No
Refusal of excess product	Yes	No
Refusal based on fake or expired ID	Yes	No
Refusal based on intoxication/impairment	Yes	No
Police Called (if necessary)	Yes (Report #)	No

Intervention strategies used other than above: _____

_____

_____

_____

Manager Signature_____ Employee Signature _____

