



ACCIDENT/INCIDENT REPORTS

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ACCIDENT/INCIDENT REPORTS

If an accident or incident occurs at the club involving a club member, employee or guest, a report should be filed and the General Manager should be notified immediately.

The following procedures should be adhered to:

- Instruct employees to report all accidents or incidents to the immediate supervisor and General Manager
- Administer First Aid or call an ambulance if necessary
- Keep the injured person calm
- Determine if there were any witnesses to the accident/incident
- Do not discuss insurance or claim settlements
- Do not accept blame for the accident/incident
- Complete the Member/Guest Accident Report form

(Name of Club)

MEMBER/GUEST ACCIDENT REPORT

Name of Injured Person (print) _____

Address _____

Telephone #: Home _____ Work _____

Age _____ Sex _____ Height _____ Weight _____ Marital Status _____

Date of Injury _____ Time _____ AM _____ PM _____ Visibility _____

Nature of Injury _____ Part of Body _____

Exact Location of Accident _____

Cause(s) of Accident (unsafe acts and conditions) _____

Was Medical Assistance Required? yes no

Explain _____

Witnesses (Include name, address, home and work phone)

Were photos taken of the scene or injury? yes no

Was the General Manager/COO notified? yes no

Was the insurance company notified? yes no

Was the club's council notified? yes no

Comments: _____

Report completed within 24 hours by _____ Date _____

File this report with the General Manager

(Name of Club)

MEMBER/GUEST/EMPLOYEE ACCIDENT REPORT

Name of Injured Person (print) _____

Address _____

Telephone #: Home _____ Work _____

Age _____ Sex _____ Height _____ Weight _____ Marital Status _____

Date of Injury _____ Time _____ AM _____ PM _____

Visibility _____

Nature of Injury _____

Part of Body _____

Exact Location of Accident _____

Cause(s) of Accident (if employee, job engaged in at time of injury) _____

Was Medical Assistance Required? Yes No

Was First Aid Given? Yes No By Whom: _____

Nature and Extent of Injury: _____

Witnesses (include name, address, home and work phone)

Were photos taken of the scene or injury? Yes No

Was Clubhouse Manager contacted? Yes No

Was insurance company notified? Yes No

Comments: _____

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

Department _____ Date _____

This report must be completed and forwarded to the General Manager/COO within 24 hours

MEMBER ILLNESS REPORT FORM

INSTRUCTIONS:

1. All contacts from persons complaining of illness must be handled by a manager in the Food & Beverage Dept. If you are not a Food & Beverage manager obtain only the phone number where the person can be contacted.
2. Print out this file and use it in your interview process.
3. Be polite and concerned, but do not admit responsibility or argue with the customer.
4. Obtain the information listed on the form below. Let the customer know that we need this information to identify a common denominator, if there is one. If you sense customer annoyance, obtain answers to only the asterisked (*) items.
5. Let the customer know that the Club's Food Safety Advisor will contact them.
6. Call Food Safety Advisor immediately after speaking with the customer, so that a complete investigation can be initiated within 24 hours of the customer's call.

The phone number is: _____

7. FAX a copy of this completed report to the Club's Food Safety Advisor.

The FAX number is: _____

*Name _____

*Address _____

*Home Phone _____

*Work Phone _____

*Date and Time of Meal _____

Food Consumed _____

Beverages Consumed _____

*Medical Treatment Received _____

*Number of Guests in Party _____

*Date of Customer's Call _____

*Time of Customer's Call _____

Restaurant in which customer dined: Grille/Dining Room/Banquet

Quantity of same meal items served at restaurant on day of customer's meal _____

Date of call to Club's Food Safety Advisor _____

Copies of this report should also be given to the General Manager/COO, Executive Chef and Director of Restaurants

Investigation handled by _____

LOSS INCIDENT INVESTIGATION REPORT

Date of Report _____ Date of Loss _____ Time _____

Name of Person Reporting Loss _____

Address _____

Telephone: Home _____ Work _____

Description of Lost Item(s) _____

Approximate Cost of Item(s) _____

Describe Loss Event of Incident _____

Name/Address/Phone of Witness _____

Were photos taken of the scene or property? yes no

Which local authorities were contacted? _____

What club property is missing? Provide itemized list. _____

Was the club insurance company contacted? yes no

Was the club's council contacted? yes no

Was the General Manager/COO contacted within 24 hours? yes no

Follow-up (action or recommendations) _____

Report was completed within 24 hours by _____ Date: _____

File this report with the General Manager

FRONT ENTRANCE SECURITY PROCEDURES

Shifts: _____
(time) (name)

(time) (name)

Basic Instruction for Guards

1. Appearance—Guards must always be in full uniform at all times. Neat appearance, clean shaven and military type bearing are expected.
2. Guards must not allow unauthorized vehicles or individuals to enter the property.
3. Guards will use the telephone only when absolutely necessary.
4. Guards must stand and exit the Gatehouse when someone is entering the property. Guards will not use tobacco products while greeting people.
5. Guards must keep the Gatehouse in a neat and orderly appearance.

Duties

1. Observe incoming vehicles and pedestrian traffic to determine if authorized to enter property.
 - A. Member vehicles are identified by _____
 - B. Employee vehicles are identified by _____
 - C. Walkers, joggers and bikers must be questioned as to membership status.
Refer to membership roster.
2. Greet members, guests and employees upon arriving at the club with a friendly smile and a wave of the hand. Guard must exit Gatehouse when doing this.
3. If a vehicle does not have identification and the occupant claims to be a member, verify membership on the roster and allow them to proceed.
4. If a guest arrives at the club, verify that the member is on the roster, take down the guest's name, member's name and license number of vehicle.
5. All deliveries will be directed to one of the locations listed below:
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
6. Anyone who is not a member, guest of a member, employee or someone having business at the club is not to be allowed entrance. Sightseers are not allowed entrance to the club.
7. No media units (television, radio or newspaper) are to have access to the property without prior approval of the General Manager/COO or _____.
8. Information regarding club members is considered to be confidential and will not be released to the public.

9. If an unauthorized vehicle refuses to stop, immediately notify _____ or _____ on duty. Dial “0” and ask the operator to notify the individuals listed on the next page.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

10. Notify the same people if emergency vehicles (fire, police, etc.) arrive on the property.

Instructions for Personal Contact with Members

- 1. Always be courteous. Give the member a warm greeting. (“Good morning, Mr. Jones. It’s very nice to see you.”) The same applies when members are leaving.
- 2. Always attempt to anticipate the needs of the members and pay careful attention to detail. Remember that each member is your “indirect” boss.
- 3. If you should experience a “negative” contact with a member, immediately notify the General Manager/COO or _____ on duty of the incident.
- 4. If a member informs you of an incident he/she feels needs to be reported, it will be your responsibility to reduce this to writing and forward this to the General Manager/COO. If this is a crime report (burglary, theft, etc.) immediately contact the General Manager/COO or _____ on duty for further instructions.

EMERGENCY PROCEDURES

I. Fire

In the event of a fire, you must remain calm—DO NOT YELL “FIRE!”

The following procedures should be followed:

- 1. Locate and determine the extent of the fire and notify club management.
- 2. If you are able to contain and extinguish the fire, do so and report when this has been accomplished.
- 3. If unable to contain the fire and the fire presents an immediate threat, contact 911.
- 4. If evacuation is necessary, be prepared to lend assistance.
- 5. Clear drive of any obstructions and direct emergency vehicles upon arrival.
- 6. Any time you call 911, immediately contact the General Manager/COO and _____ on duty.

II. Arrest

- 1. As a private security officer, you only have the right to make a citizen’s arrest if you observe a felony in progress. Know your facts.
- 2. If you are forced to handcuff a person, the police must be called. Let them make the decision regarding the removal of the handcuffs.

III. Medical Emergency/Natural Disaster

- 1. In the event of a medical emergency, assist if you are trained to do so.
- 2. Be prepared to direct emergency vehicles to the proper location.
- 3. In the event of a natural disaster (flood, hurricane, etc.), be prepared to assist management as needed. Remain at your post until properly relieved.

NIGHT WATCHMAN—DAILY REPORT

Prepared by _____ Date _____

Section I—Locked Doors

- Store Rooms Yes No
- Executive Offices Yes No
- Golf Pro Shop Yes No
- Tennis Pro Shop Yes No
- Clubhouse Yes No
- Pool House Yes No

Explain

Section II—Kitchen

- Refrigeration/Freezers Locked Yes No
- Temperature Checked Yes No
- Stoves & Ovens Off Yes No
- Food Sitting Out Yes No
- Heat Lamps Off Yes No
- Coffee Makers Off Yes No

Explain

Section III—Clubhouse

- Visible Leaks Yes No
- Abnormal Noises Yes No
- Unnecessary Lights On Yes No
- Windows Open Yes No
- Bar Storage Locked Yes No

Explain

Section IV—Outside

- Strange Vehicles on Property Yes No
- People in Swimming Pool Yes No
- Golf Bags on Rack Yes No
- Golf Cars Out Yes No

Explain

Additional Comments

(Name of Club)

FOOD ILLNESS COMPLAINT FORM

Name of Member, Guest or Employee _____

Address _____

Telephone: Home _____ Work _____

Age _____ Sex _____

Nature of Complaint (area of body affected, symptoms)

Date of incident _____ Time of meal _____

What was eaten? _____

In which dining room did this occur? _____

Is the member, guest or employee allergic to any foods? _____

Were other food items consumed before or after this meal? _____

Was the member, guest or employee admitted to a hospital? Yes No

If yes, which hospital/name of attending physician _____

Was the General Manager/COO notified? _____

Was club council notified? _____

Have you contacted the authorities? Yes No

If yes, which authorities and list name and phone number _____

This report was completed by _____ and filed within 24 hours of the complaint.

Date _____ Time _____

File this report with the General Manager

(Name of Club)

ARMED ROBBERY REPORT FORM

Date _____ Time _____

Name of witness _____ Member Employee

Address _____

Telephone: Home _____ Work _____

Location of incident _____

Describe in detail the assailant (what was he/she wearing, physical description, any distinguishing marks, etc.)

What kind of weapon did the assailant have? (rifle, handgun, knife) _____

Were there injuries or fatalities? Yes No

Was the General Manager/COO notified? Yes No

Were the police notified? Yes No

To the best of my knowledge, the facts recorded in this report are true and accurate.

(signed)

(date)

File this report with the General Manager/COO

EMPLOYMENT COMPLAINT QUESTIONNAIRE

NOTE: This is not a formal complaint. Your completion of this questionnaire does not signify that you have filed a formal complaint with your local Human Rights Office. This questionnaire is for information only. After completing the form, please contact your local Human Rights Office for further instructions.

Background information:

1. Complainant's Name: _____
Address: _____
Phone (work): _____ (home): _____
Date of Birth: _____ SS #: _____
2. Person to contact if you cannot be reached: _____
Name/Relationship: _____
Address: _____
Daytime Phone: _____

Basis

I believe I have been discriminated against because of:

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> race | <input type="checkbox"/> sex | <input type="checkbox"/> national origin |
| <input type="checkbox"/> disability | <input type="checkbox"/> color | <input type="checkbox"/> retaliation |
| <input type="checkbox"/> religion | <input type="checkbox"/> age | <input type="checkbox"/> sexual orientation |
| <input type="checkbox"/> marital status | <input type="checkbox"/> ancestry | |

Alleged Discriminatory Act Was:

- | | |
|---|--|
| <input type="checkbox"/> failure to hire | <input type="checkbox"/> failure to accommodate a disability |
| <input type="checkbox"/> promotion | <input type="checkbox"/> discipline |
| <input type="checkbox"/> lay-off | <input type="checkbox"/> failure to accommodate religion |
| <input type="checkbox"/> denial of transfer | <input type="checkbox"/> pay |
| <input type="checkbox"/> terms and conditions | <input type="checkbox"/> discharge |
| <input type="checkbox"/> sexual harassment | <input type="checkbox"/> harassment |
| <input type="checkbox"/> other (please specify) _____ | |

1. When did the alleged discriminatory act occur? (Must be within the last 300 days)

2. The act must have occurred within the City of _____
(name of club's local city)
Name of Club: _____
Address: _____
Phone: _____
3. President of the Club: _____
General Manager/COO of the Club: _____
Where is the headquarters located, if applicable? _____

4. Number of employees: (circle one)

1-3 4-14 15-100

5. Your Date of Hire: _____

Your Position: _____

Salary: _____

Job Duties: _____

6. Explain what unfair things were done to you and why you feel that these were discriminatory. Be specific about what action was taken, by whom and when. Include the full names, positions, addresses and phone numbers of any employees who were treated differently than you.

(If you need more space, please add an extra page.)

7. Who is the supervisor(s) involved?

(Include full name and title)

a. _____

b. _____

c. _____

8. Were there any witnesses to the event (s) you described?

(Include full names, positions, addresses and phone numbers)

a. _____

b. _____

c. _____

