



## Action Note Information

<b>Related To:</b> Liquor Compliance Investigation - File Ref No: 229470 - Liquor Investigation			
<b>Reference:</b> 1385762		<b>Result:</b>	
<b>Action Type:</b> Investigation Conclusion		<b>Result Date:</b>	
<b>Action Officer:</b> Marty BATTLE			
<b>Action Date:</b> 26-MAR-2020			
<b>Note Details:</b> I have completed an investigation into the alleged breach/es. I have reviewed and considered the relevant legislation, as well as the relevant OLGR policies and procedures. I have determined there is insufficient evidence to substantiate a breach of the LA. In this instance, I recommend no further investigation be conducted or action taken. I undertook the investigation in line with relevant policies, procedures and instructions.			
<b>Attachment Information</b>			
<b>Attached Date</b>	<b>Attachment Type</b>	<b>Document</b>	<b>eDocs</b>



## Action Note Information

<b>Related To:</b> Liquor Compliance Investigation - File Ref No: 229470 - Liquor Investigation			
<b>Reference:</b> 1385791		<b>Result:</b>	
<b>Action Type:</b> Notation		<b>Result Date:</b>	
<b>Action Officer:</b> Marty BATTLE			
<b>Action Date:</b> 26-MAR-2020			
<b>Note Details:</b> Investigation file attached.			
<b>Attachment Information</b>			
<b>Attached Date</b>	<b>Attachment Type</b>	<b>Document</b>	<b>eDocs</b>
26-MAR-2020	Miscellaneous	1913147 - INV_229470_20200326 INVESTIGATION FILE	Y

## Action Note Information

<b>Related To:</b> Liquor Compliance Investigation - File Ref No: 229470 - Liquor Investigation			
<b>Reference:</b> 1388834		<b>Result:</b>	
<b>Action Type:</b> Pre-file Closure Review		<b>Result Date:</b>	
<b>Action Officer:</b> Jim BUCK			
<b>Action Date:</b> 09-APR-2020			
<p><b>Note Details:</b></p> <p>Outcome correspondence reviewed by supervisor before sending. ? re action / outcome (if applicable)</p> <p>Final action note is sufficient.</p> <p>The COGS investigation details screen has been completed correctly ? correct activity, date and programme number. (if applicable)</p> <p>Breaches have been recorded correctly in COGS and reinspection has been triggered where applicable.</p> <p>Recommended breach / activity outcome/s have been recorded in COGS.</p> <p>Recommended action is in line with the Liquor Enforcement Guideline / Compliance Enforcement Guideline (LEG / CEG) - if not, the officer has detailed the reason why and written approval to deviate has been provided by management.</p> <p>The officer has undertaken sufficient investigative / inspection actions.</p> <p>Instructions, policies and procedures have been followed - if not, the officer has detailed the reason why and written approval to deviate has been provided by management.</p> <p>Investigation / activity Cover Sheet has been completed in full.</p> <p>Checklists have been completed correctly.</p> <p>RA report memo / action note details process undertaken, identifies and addresses risks and recommendations are appropriate.</p>			
<b>Attachment Information</b>			
<b>Attached Date</b>	<b>Attachment Type</b>	<b>Document</b>	<b>eDocs</b>

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13 November

210020

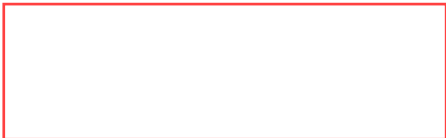
File 01

18



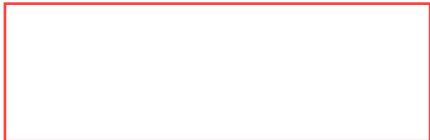
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## Marty Battle

**From:** [REDACTED]  
**Sent:** Friday, 13 March 2020 10:21 PM  
**To:** Marty Battle  
**Subject:** Re: Crowd control register entries

**CROWD CONTROLLERS ONLY**

Name: [REDACTED] License No: [REDACTED] Expiry Date: 12/06/20 Date: 22/11/19 Time: 01:08 AM PM

**VENUE STAFF ONLY (NOT SIGNED a crowd control function)**

Name: [REDACTED] License No: [REDACTED] Date: / / Time: AM PM

**DETAILS OF ALL INCIDENTS**

Time	Location of Incident (from where reported)	Details: Describe all persons involved in the incident & any injuries sustained. Outline whether police and
03:15	Sign CR	Do not wait to report

**NOTES MUST BE SIGNED AS CORRECT BY EACH CROWD CONTROLLER AND MEMBER OF STAFF INVOLVED IN THE INCIDENT**

**Additional information refer to pages:**

Page: [REDACTED] Date: 23/11/19 Checked by (Signature): [REDACTED] Signature: [REDACTED]



**CROWD CONTROLLERS ONLY**

Event Name	[Redacted]	Client Name	[Redacted]	Q No.	[Redacted]
Event No.	[Redacted]	Event Date	12/11/19	Employed By	Veron Security Firm
State	WA	Date	12/11/19	Time	2:00 PM
VENUE STAFF ONLY (NOT FULFILLING A crowd control function)			Checked by (Signature)		
Family Name	[Redacted]	Given Name	[Redacted]	License No.	[Redacted]
START	Day	Date	1 / 1	Time	AM / PM
DETAILS OF ALL INCIDENTS			Signature		
Date	Location of Incident (from where removed)	Details: Describe all persons involved in the incident & any injuries sustained. Include any action taken using verbal or physical means of other staff members involved in the incident. Outline whether police and/or any other staff were involved and what action was taken.			
02/15	Sign Off	No incidents to report			
NOTES MUST BE SIGNED AS CORRECT					
BY EACH CROWD CONTROLLER					
AND					
MEMBER OF STAFF INVOLVED IN THE INCIDENT					
Additional information, refer to pages:					
Event	Date	12/11/19	Time	[Redacted]	Signature

**CROWD CONTROLLERS ONLY**

Event Name	[Redacted]	Client Name	[Redacted]	Q No.	[Redacted]
Event No.	[Redacted]	Event Date	12/11/19	Employed By	Veron Security Firm
State	WA	Date	12/11/19	Time	2:00 PM
VENUE STAFF ONLY (NOT FULFILLING A crowd control function)			Checked by (Signature)		
Family Name	[Redacted]	Given Name	[Redacted]	License No.	[Redacted]
START	Day	Date	1 / 1	Time	AM / PM
DETAILS OF ALL INCIDENTS			Signature		
Date	Location of Incident (from where removed)	Details: Describe all persons involved in the incident & any injuries sustained. Include any action taken using verbal or physical means of other staff members involved in the incident. Outline whether police and/or any other staff were involved and what action was taken.			
02/15	Sign Off	No incidents to report			
NOTES MUST BE SIGNED AS CORRECT					
BY EACH CROWD CONTROLLER					
AND					
MEMBER OF STAFF INVOLVED IN THE INCIDENT					
Additional information, refer to pages:					
Event	Date	12/11/19	Time	[Redacted]	Signature



Customer Call Centre 13 QGOV (13 74 69) [www.business.qld.gov.au/liquor-gaming](http://www.business.qld.gov.au/liquor-gaming)

*The Office of Liquor and Gaming Regulation is committed to providing you with quality service.*

*If you would like to provide feedback on the service you have received, please email [feedback@justice.qld.gov.au](mailto:feedback@justice.qld.gov.au)*

<image001.png>

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CROWD CONTROLLERS ONLY									
Name	[Redacted]			Employed By	[Redacted]		Q No.	[Redacted]	
Working Date	22/06/18			Employed By	[Redacted]		Q No.	[Redacted]	
START	08:00			DATE	22/11/18		TIME	08:00	
VENUE STAFF ONLY (NOT fulfilling a crowd control function)									
Name	[Redacted]			Employed By	[Redacted]		Q No.	[Redacted]	
START	[Redacted]			DATE	1/1		TIME	[Redacted]	
DETAILS OF ALL INCIDENTS									
Time	03:15			Location of Incident	Sign Off				
				Details: Describe all persons involved in the incident & any injuries sustained. Indicate any actions taken using words all names of other staff members involved in the incident. Outline whether police and/or other staff were involved.	No incidents to report				
NOTES MUST BE SIGNED AS CORRECT									
BY EACH CROWD CONTROLLER									
AND									
MEMBER OF STAFF INVOLVED IN THE INCIDENT									
Additional information, refer to pages:									
ANSH	[Redacted]			DATE	23/11/18		CHECKED BY (Signature):	[Redacted]	

CROWD CONTROLLERS ONLY									
Name	[Redacted]			Employed By	[Redacted]		Q No.	[Redacted]	
Working Date	23/11/18			Employed By	[Redacted]		Q No.	[Redacted]	
START	08:00			DATE	22/11/18		TIME	08:00	
VENUE STAFF ONLY (NOT fulfilling a crowd control function)									
Name	[Redacted]			Employed By	[Redacted]		Q No.	[Redacted]	
START	[Redacted]			DATE	1/1		TIME	[Redacted]	
DETAILS OF ALL INCIDENTS									
Time	03:15			Location of Incident	Sign Off				
				Details: Describe all persons involved in the incident & any injuries sustained. Indicate any actions taken using words all names of other staff members involved in the incident. Outline whether police and/or other staff were involved.	No incidents to report				
NOTES MUST BE SIGNED AS CORRECT									
BY EACH CROWD CONTROLLER									
AND									
MEMBER OF STAFF INVOLVED IN THE INCIDENT									
Additional information, refer to pages:									
ANSH	[Redacted]			DATE	23/11/18		CHECKED BY (Signature):	[Redacted]	

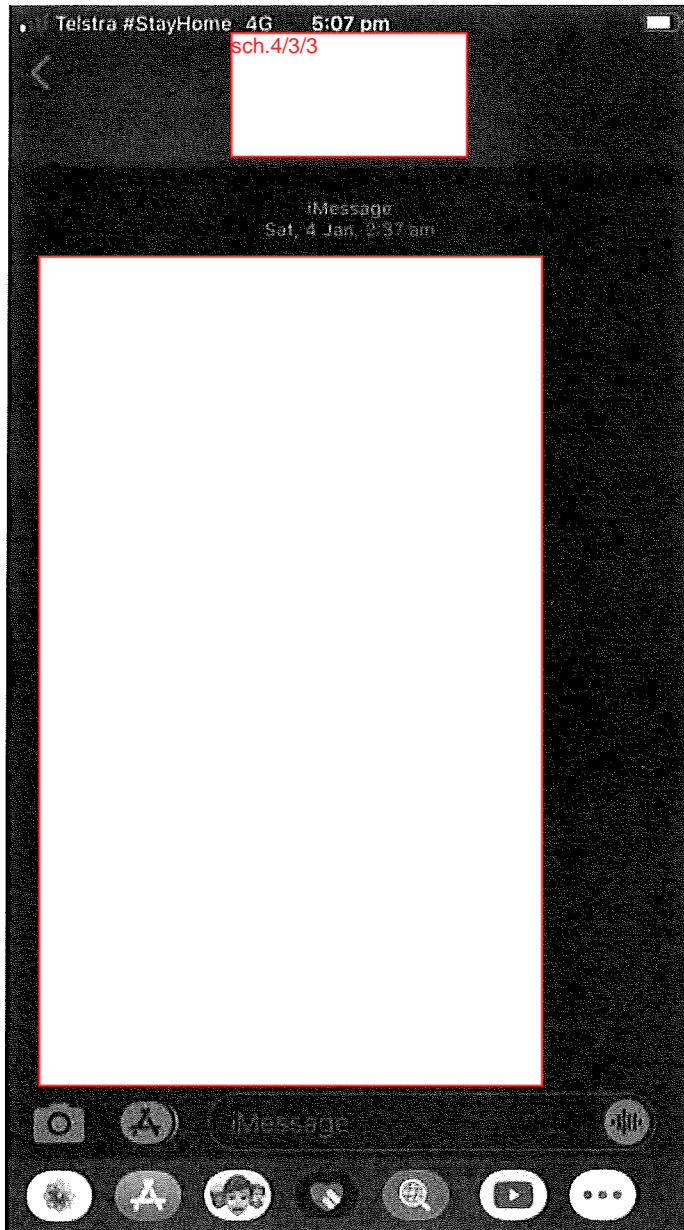


[Redacted] [Redacted] [Redacted]  
 Employed By: [Redacted] [Redacted] [Redacted]  
 Date: 12/06/20 Time: 10:00 AM  
 Signature: [Redacted]  
 Checked By (Signature): [Redacted]  
 VENDOR STAFF ONLY (NOT Awaiting a crowd control function).  
 Name: [Redacted] License No: [Redacted]  
 Date: 1/1 Time: [Redacted] AM/PM Signature: [Redacted]  
 DETAILS OF ALL INCIDENTS  
 Location of Incident: [Redacted]  
 Details of Incident: [Redacted] Do incident to report [Redacted]  
 NOTES MUST BE SIGNED AS CORRECT  
 BY EACH CROWD CONTROLLER  
 AND  
 MEMBER OF STAFF INVOLVED IN THE INCIDENT  
 Date: 23/11/19 Time: [Redacted] Signature: [Redacted]  
 15042

CROWD CONTROLLERS ONLY  
 [Redacted] [Redacted] [Redacted]  
 Employed By: [Redacted] [Redacted] [Redacted]  
 Date: 12/06/20 Time: 10:00 AM  
 Signature: [Redacted]  
 Checked By (Signature): [Redacted]  
 VENDOR STAFF ONLY (NOT Awaiting a crowd control function).  
 Name: [Redacted] License No: [Redacted]  
 Date: 1/1 Time: [Redacted] AM/PM Signature: [Redacted]  
 DETAILS OF ALL INCIDENTS  
 Location of Incident: [Redacted]  
 Details of Incident: [Redacted] Do incident to report [Redacted]  
 NOTES MUST BE SIGNED AS CORRECT  
 BY EACH CROWD CONTROLLER  
 AND  
 MEMBER OF STAFF INVOLVED IN THE INCIDENT  
 Date: 23/11/19 Time: [Redacted] Signature: [Redacted]



TMM - 4





## Investigation Running Sheet

Breaches and Outcomes			
Class	Type	Section	Description
Date	Recommendation	Outcome	Detail
26-MAR-2020	Not Substantiated	Not Substantiated	
Class	Type	Section	Description
Unlawful Trading	ID Scanners	S173EH(1)	SCANNING OBLIGATIONS OF LICENSEES FOR REGULATED PREMISES
Date	Recommendation	Outcome	Detail
26-MAR-2020	Not Substantiated	Not Substantiated	



## Investigation Running Sheet

Breaches and Outcomes			
Class	Type	Section	Description
Service of Alcohol	Practices		
Date	Recommendation	Outcome	Detail
Class	Type	Section	Description
Unlawful Trading	ID Scanners	S173EH(1)	SCANNING OBLIGATIONS OF LICENSEES FOR REGULATED PREMISES
Date	Recommendation	Outcome	Detail