

This is to certify that

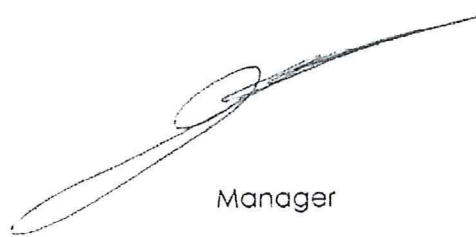
Sch 4/3/3

has been assessed as having fulfilled the following
requirements

SITHFAB201

Provide Responsible Service of Alcohol

In partial completion of the following qualification
Certificate III in Hospitality SIT30712



Manager

10/10/2014

PO Box 343
Indooroopilly QLD 4068

P (07) 3878 8977
F (07) 3878 6133
E info@clubtraining.com.au
W www.clubtraining.com.au

Dickson Wahisen Pty Ltd
ACN 113 985 247
ABN 50 113 985 247

Statement of Attainment

A Statement of Attainment is issued by a Registered Training Organisation when an individual has completed one or more units of competency from nationally recognised qualification(s)
National Provider Number 31607

24/2



This is to certify that

Sch 4/3/3

has completed the course

SITHFAB201
Provide Responsible Service of Alcohol

In partial completion of the following qualification
Certificate III in Hospitality SIT30713

Club Training Australia
National Provider Number 31607

Date of completion: August 11, 2015

Manager

Certificate ID:

5DUJIT1Drm

PO Box 343
Indooroopilly QLD 4068

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Dickson Wohlsen Pty Ltd
ACN 113 985 247
ABN 50 113 985 247

Statement of Attainment

A statement of attainment is issued by a Registered Training Organisation when an individual has completed one or more accredited units.
National Provider Number 31607

IP220096

File02

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Liquor Act 1992

Responsible Management of Licensed Venues

Licensee's Course Certificate

This certificate is issued to

Sch 4/3/3

(Full name)

(Date of birth)

and identifies the person as having successfully completed the licensee's course (Responsible Management of Licensed Venues) under the provisions of the *Liquor Act 1992*.

Date given to participant: **22 February 2018**

This certificate remains in force for three years after it is given to the person named above.

Office of Liquor and Gaming Regulation (OLGR) approved trainer:

BARS Training Australia

(As per the OLGR approved trainer's list)

RTO number:

32061

Name:

Russell Steele

(Person authorised by the OLGR approved trainer)

Signature:



(Person authorised by the OLGR approved trainer)

Certificate number:

067257

This certificate does not represent an approval as an approved manager and is not intended to be used as a form of identification.
An application to become an approved manager can be lodged online at <https://secure.olgr.qld.gov.au/forms/il>

Office of Liquor and Gaming Regulation • Liquor Act 1992 • Form 49 • V7 • 2017




Brisbane Broncos Leagues Club Limited

Work Health and Safety
Incident Management – Incident Report Form Patron
Approved By: Russell Reeves

TREATED BY (Tick applicable Box)	
First Aid <input type="checkbox"/>	Doctor <input type="checkbox"/>
Paramedic <input type="checkbox"/>	Name of Treating First Aider:
INCIDENT LOCATION (Tick applicable Box)	
CARPARK <input type="checkbox"/>	DOSA <input type="checkbox"/>
RECEPTION/MERCHANDISE <input type="checkbox"/>	ADMINISTRATION <input type="checkbox"/>
GAMING <input type="checkbox"/>	BBLC/BBFC ROOMS <input type="checkbox"/>
CAFÉ 88 <input type="checkbox"/>	BISTRO <input type="checkbox"/>
ALFIE'S BAR <input type="checkbox"/>	DARCEY MITCHELL ROOM <input type="checkbox"/>
INCIDENT FACTORS (Tick applicable Box)	
Floor Surface <input type="checkbox"/>	Inappropriate Footwear <input type="checkbox"/>
Trip Hazard <input type="checkbox"/>	Unsafe Situation <input type="checkbox"/>
Lighting <input type="checkbox"/>	Intoxication <input type="checkbox"/>
Physical Disability <input type="checkbox"/>	Physical Altercation <input type="checkbox"/>
SEVERITY (Tick applicable Box)	
Catastrophic <input type="checkbox"/>	Critical <input type="checkbox"/>
Marginal <input type="checkbox"/>	Negligible <input type="checkbox"/>
POSSIBLE RECURRENCE (Tick applicable Box)	
Very Likely <input type="checkbox"/>	Likely <input type="checkbox"/>
Possible <input type="checkbox"/>	Unlikely <input type="checkbox"/>

Recommendations for prevention:

NAME OF MANAGER / SUPERVISOR:
Print Name <small>Sch 4/3/3</small>
Signature: 
Date 12 / 8 / 2018

IF REQUIRED, HAS CCTV FOOTAGE BEEN DOWNLOADED AND BEEN SAVED TO CD OR STICK AND PLACED WITH THE INCIDENT REPORT? (Tick applicable Box)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
IS AN INVESTIGATION REQUIRED? (Tick applicable Box)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES, WHO IS RESPONSIBLE FOR UNDERTAKING THE INVESTIGATION?	
Manager Name:	Date of Investigation: ___ / ___ / ___

Crowd Control Register

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Sch 4/3/3
Date: 12-08-18
ce No: 3971446 Badge No: _____

pany Address:
x Road, Windsor QLD 4030

Time: 20:00 am/pm
1 Time: 05:00 am/pm
1 Date: _____
Signature: _____
Signature: _____

Door

als: _____ ID Confiscations: _____

nt 1:
Time: _____ Date: _____ Location in Venue: _____
Male: Female: Unduly Intoxicated: Disorderly Behaviour:
Height: _____ Age: _____ Hair Colour: _____ Complexion: _____
Shirt: _____ Pants: _____
Restrained; Yes No Removed; Yes No
Brief description of incident; _____
Exit Door: _____ Guards Involved: _____
Police info: _____ Ambo info: _____
Witness: _____
Manager Name Notified: _____
Injuries; Yes No Details: _____

nt 2:
Time: _____ Date: _____ Location in Venue: _____
Male: Female: Unduly Intoxicated: Disorderly Behaviour:
Height: _____ Age: _____ Hair Colour: _____ Complexion: _____
Shirt: _____ Pants: _____
Restrained; Yes No Removed; Yes No
Brief description of incident; _____
Exit Door: _____ Guards Involved: _____
Police info: _____ Ambo info: _____
Witness: _____
Manager Name Notified: _____
Injuries; Yes No Details: _____

Day Shift Report - Broncos Leagues Club

DAY SHIFT (6:00 to 16:30)

DATE	12/08/2018	SHIFT MANAGER	Sch 4/3/3
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Sch 4/3/2

Night Shift Report - Broncos Leagues Club

NIGHT SHIFT (16:30 to 3:00)

DATE	1/08/2018	SHIFT MANAGER	
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Sch 4/3/2