

WRITE USING BALL POINT PEN

Police Force: GMP

Exhibit Ref. No: MRT/4

Property Ref. No:

Rv The Angel Hotel

Description

VLP Record
The Angel Hotel
14/6/19

Time & Date Found / Seized / Produced:-

10.10hrs 9/7/19

Where Found / Seized / Produced:-

Hyde Police Station
GMP

Found / Seized / Produced by:

PC 14627 Tharley

Signed:

[Signature]

Incident / Crime No.: 2406 7/6/19

Laboratory Ref.:

DAVID SEVILLE 1019 6042 0480 7402

6/3/21

RECORD OF VISIT TO LICENSED PREMISES

Premises	THE ANGLE		
Address	147 HIDE ROAD DARTFORD		
Day	Tuesday	Date	14/6/19
Time commenced	20:35	Time concluded	20:50
Officers attending:	In uniform?		
1	Sgt BEAUF 322	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
2	SC SHAW 41459	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
3	SC RUMNEY 41517	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
4	SC BUCK 40817	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
5		<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you in possession of copy of licence?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Headcam footage saved?	<input type="checkbox"/> Y <input type="checkbox"/> N		
If YES, Exhibit No:			

Section C			
C1	No. of door staff at time of visit	Male <input checked="" type="checkbox"/>	Female
C2	All displaying SIA badges?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Details obtained and copy attached?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
C3	Name of door company:	DIP	
C4	Door book checked and endorsed?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
C5	Do you operate a search policy?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
C6	Do you have any weapons you wish to hand over to the police at this time?	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
C7	Do you have any drugs you wish to hand over to the police at this time?	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N

Section D - Staff	
D1	Number of staff on duty excluding door supervision:

Section E - Nitenet Radio	
E1	Subscribe to Nitenet? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
E2	No. of radios:
E3	Do you regularly attend pubwatch meetings? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Section F - Glasses and bottles	
F1	Signs clearly displayed regarding removal of alcohol from premises? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
F2	Customers seen leaving premises with bottles and/or glasses? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
F3	Tables or other surfaces littered with empty bottles and/or glasses? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
F4	Is dance floor clear of glass? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
F5	Do you use safety glass? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
F6	Are there secure bottle bins inside the premises? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
F7	Do you have secure bottle bins outside the venue? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Section G	
G1	Any drinks promotions or happy hours at time of visit? No.
Details:	

Section H - Drugs	
H1	Any indication cannabis is smoked on premises? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
H2	Any indication that other drugs are used on premises? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
H3	Any anti-drugs posters displayed? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H4	Do you have a drugs safe or drugs amnesty box? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
H5	Cocaine wipes used in toilets? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
H6	Cocaine wipes positive? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
If YES, Property No: GENTLE TOUCH	
If YES, Exhibit No:	

Section J - Clientele	
J1	Challenge 25? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
J2	Evidence of drunkenness? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Section K - Food	
K1	Late night food on offer? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Section L - General safety	
L1	First aider present? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
L2	Evidence of first aid facilities at premises? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Section M - Crime prevention	
M1	Crime prevention notices displayed? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
M2	Do you have any of the following?
	Table/Bag clips <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Staff lockers <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	Roving security <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Property patrols <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	Other (please specify)

Section N - CCTV	
N1	Do you have a CCTV system?
N2	Is CCTV dated and timed accurately?
N3	How long does CCTV record for?
N4	Is someone present who can produce a copy of the footage?

Section P - Environment	
P1	Any inappropriate noise coming from premises, music or shouting etc?
P2	Is there excessive litter outside coming from the venue?

Section Q - Training / Policies	
Q1	Is there a drugs policy?
Q2	Is there an up to date refusal book?
Q3	Is there an up to date incident book?
Q4	Is staff training recorded?

Issues to be addressed	
1	
2	
3	
4	
5	

Signed:	
OIC:	SC 41517 Rumney
DPS Manager:	MR

Section A - Management of premises	
A1	Name of DPS: Matthew Brant LCA
	On premises? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	Licence displayed? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
A2	Name of person in charge & No:
	Written authority? <input type="checkbox"/> Y <input type="checkbox"/> N
A3	Owning company details:
	Is there a temporary event notice in order? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Section B - Capacity	
B1	No. of customers present: 25
B2	How calculated (clickers, tickets): Clickers
B3	Entry fee? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N How much?