

PL0594



# RECORD OF VISIT TO LICENSED PREMISES

MRT/1

Premises	ROYAL OAK
Address	23 NOOK LANE
	ASHTON UNDER LYNE
	Club 9TH
Day	FRIDAY
Date	21/06/19
Time commenced	2052
Time concluded	2101
Officers attending:	
1	41459
2	322
3	
4	
5	
Are you in possession of copy of licence?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Headcam footage saved?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
If YES, Exhibit No:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

**Section C**

C1 No. of door staff at time of visit: Male  Female

C2 All displaying SIA badges?  Y  N

C3 Details obtained and copy attached?  Y  N

C4 Name of door company:

C5 Door book checked and endorsed?  Y  N

C6 Do you operate a search policy?  Y  N

C7 Do you have any weapons you wish to hand over to the police at this time?  Y  N

C8 Do you have any drugs you wish to hand over to the police at this time?  Y  N

**Section D - Staff**

D1 Number of staff on duty excluding door supervision:  Y  N

**Section E - Nitenet Radio**

E1 Subscribe to Nitenet?  Y  N

E2 No. of radios:  Y  N

E3 Do you regularly attend pubwatch meetings?  Y  N

**Section F - Glasses and bottles**

F1 Signs clearly displayed regarding removal of alcohol from premises?  Y  N

F2 Customers seen leaving premises with bottles and/or glasses?  Y  N

F3 Tables or other surfaces littered with empty bottles and/or glasses?  Y  N

F4 Is dance floor clear of glass?  Y  N

F5 Do you use safety glass?  Y  N

F6 Are there secure bottle bins inside the premises?  Y  N

F7 Do you have secure bottle bins outside the venue?  Y  N

**Section G**

G1 Any drinks promotions or happy hours at time of visit? Details: Yes. happy hour 4-7

**Section H - Drugs**

H1 Any indication cannabis is smoked on premises?  Y  N

H2 Any indication that other drugs are used on premises?  Y  N

H3 Any anti-drugs posters displayed?  Y  N

H4 Do you have a drugs safe or drugs amnesty box?  Y  N

H5 Cocaine wipes used in toilets?  Y  N

H6 Cocaine wipes positive?  Y  N

If YES, Property No:  Y  N

If YES, Exhibit No:  Y  N

**Section J - Clientele**

J1 Challenge 2B?  Y  N

J2 Evidence of drunkenness?  Y  N

**Section K - Food**

K1 Late night food on offer?  Y  N

VAN ON SITE - NOT USED.

**Section L - General safety**

L1 First aid present?  Y  N

L2 Evidence of first aid facilities at premises?  Y  N

**Section M - Crime prevention**

M1 Crime prevention notices displayed?  Y  N

M2 Do you have any of the following?  
 Table/Bag clips  Y  N Staff lockers  Y  N  
 Floung security  Y  N Property patrols  Y  N  
 Other (please specify):

**Section N - CCTV**

N1 Do you have a CCTV system?  Y  N

N2 Is CCTV dated and timed accurately?  Y  N

N3 How long does CCTV record for?  Y  N

N4 Is someone present who can produce a copy of the footage?  Y  N

**Section P - Environment**

P1 Any inappropriate noise coming from premises, music or shouting etc?  Y  N

P2 Is there excessive litter outside coming from the venue?  Y  N

**Section Q - Training / Policies**

Q1 Is there a drugs policy?  Y  N

Q2 Is there an up to date refusal book?  Y  N

Q3 Is there an up to date incident book?  Y  N

Q4 Is staff training recorded?  Y  N

**Issues to be addressed**

1 Pub watch - 0756898609

2

3

4

5

Signed:

OIC:

DPS Manager: B. Colston

Date: 21/06/19

Date: 21-6-19

**Section A - Management of premises**

A1 Name of DPS: Bernadette Corcoran

On premises?  Y  N

License displayed?  Y  N

A2 Name of person in charge & No: Bernadette Corcoran

Written authority?  Y  N

A3 Owing company details: Admiral

A4 Is there a temporary event notice in order?  Y  N

**Section B - Capacity**

B1 No. of customers present: 6-8

B2 How calculated (clickers, tickets):

B3 Entry fee?  Y  N How much?

# RECORD OF VISIT TO LICENSED PREMISES

Premises: ROYAL OAK  
 Address: NOOK LAKE  
ASHTON-U-U-WYKE

Day: FRIDAY Date: 22/11/19  
 Time commenced: 22.33 Time concluded: 22.45

Officers attending:

1	<u>322</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2	<u>135</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Are you in possession of copy of licence?  Y  N  
 Hoecam footage saved?  Y  N  
 If YES, Exhibit No: DAKAM

**Section C**

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

**Section D - Staff**

D1 Number of staff on duty excluding door supervision: 2

**Section E - Nitelnet Radio**

E1 Subscribe to Nitelnet?  Y  N  
 E2 No. of radios:             
 E3 Do you regularly attend pubwatch meetings?  Y  N

**Section F - Glasses and bottles**

F1 Signs clearly displayed regarding removal of alcohol from premises?  Y  N  
 F2 Customers seen leaving premises with bottles and/or glasses?  Y  N  
 F3 Tables or other surfaces littered with empty bottles and/or glasses?  Y  N  
 F4 Is dance floor clear of glass?  Y  N  
 F5 Do you use safety glass?  Y  N  
 F6 Are there secure bottle bins inside the premises?  Y  N  
 F7 Do you have secure bottle bins outside the venue?  Y  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?  Y  N  
 H2 Any indication that other drugs are used on premises?  Y  N  
 H3 Any anti-drugs posters displayed?  Y  N  
 H4 Do you have a drugs safe or drugs amnesty box?  Y  N  
 H5 Cocaine wipes used in toilets?  Y  N  
 H6 Cocaine wipes positive?  Y  N  
 If YES, Property No:             
 If YES, Exhibit No:           

**Section J - Clientele**

J1 Challenge 25?  Y  N  
 J2 Evidence of drunkenness?  Y  N

**Section K - Food**

K1 Late night food on offer?  Y  N

**Section L - General safety**

L1 First aider present?  Y  N  
 L2 Evidence of first aid facilities at premises?  Y  N

**Section M - Crime prevention**

M1 Crime prevention notices displayed?  Y  N  
 M2 Do you have any of the following?  
 Table/Bag clips  Y  N Staff lockers  Y  N  
 Rowing security  Y  N Property patrols  Y  N  
 Other (please specify)           

Signed:             
 Date: 22/11/19  
 DPS Manager: B. Cram  
 Date: 22/11/19

**Section N - CCTV**

N1 Do you have a CCTV system?  Y  N  
 N2 Is CCTV dated and timed accurately?  Y  N  
 N3 How long does CCTV record for? 28 DAYS  
 N4 Is someone present who can produce a copy of the footage?  Y  N

**Section P - Environment**

P1 Any inappropriate noise coming from premises, music or shouting etc?  Y  N  
 P2 Is there excessive litter outside coming from the venue?  Y  N

**Section Q - Training / Policies**

Q1 Is there a drugs policy?  Y  N  
 Q2 Is there an up to date refusal book?  Y  N  
 Q3 Is there an up to date incident book?  Y  N  
 Q4 Is staff training recorded?  Y  N

Issues to be addressed

1 covered MEMORY STICK AS REQUESTED BY MANGY ADDRESS  
 2             
 3             
 4             
 5           

Signed:             
 Date: 22/11/19  
 DPS Manager: B. Cram  
 Date: 22/11/19



# REPORT OF PREMISES INSPECTION

<b>Date and Time of Inspection:</b> 17.30 HRS 15/11/19	<b>DPS:</b> BERNEDETTE COLCORAN
<b>Premises Details:</b> ROYAL OAK 23 NOOK LANE AUL	<b>Person spoken to:</b> BERNEDETTE COLCORAN
<b>Premise Licence No.:</b> PLOSAB	<b>Contact Number:</b> 07568930609
<b>Premise Licence Holder:</b> ADMIRAL TAVERN	<b>Email:</b>
	<b>Designation:</b> PPS
	<b>Personal Lic. No.:</b> WBC/PL2113

<b>Food Premises:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Gaming Machines</b>	<b>Cat C</b> ..... <b>Cat D</b> .....
<b>Late Night Ref. Lic. Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Number of Gaming Machines in Premises</b> .....	<b>Gamcare:</b> Yes No
<b>Late Night Ref. Lic. in Place:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Gaming Machine: Yes/ No Lic No</b> ..... <b>Issued</b> .....	<b>Labeled:</b> Yes No
	<b>Club Gaming Machine Yes/No Lic No</b> ..... <b>Issued</b> .....	<b>Under 18:</b> Yes No
		<b>Labeled:</b> Yes No

**Comments / Observations / Actions**

Summary Displayed Yes  No  DPS Alcohol Authorisation Yes  No  Smoking Signage Yes  No

<b>Protection of Children from Harm</b> Underage/I.D Policy <input checked="" type="checkbox"/> Signage <input type="checkbox"/>	<b>Prevention of Public Nuisance</b> Noise Limiter Control <input type="checkbox"/> Self Closing Doors <input type="checkbox"/> Signage <input type="checkbox"/> Litter <input type="checkbox"/>
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<b>Public Safety</b> Emergency Lights <input type="checkbox"/> Fire Risk Assessment <input type="checkbox"/> Fire Log Book <input type="checkbox"/> Fire Safety Equipment <input type="checkbox"/> Emergency Exits <input type="checkbox"/>	<b>Prevention of Crime &amp; Disorder</b> CCTV <input type="checkbox"/> Glassware <input type="checkbox"/> Drug Awareness Policy/Signage <input type="checkbox"/> <b>POSITIVE WIFE</b>
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Door Person (s) on Duty: Yes  No  How Many  SIA Registered: Yes  No  Door Persons Log Book

Waste Transfer contract in place Yes  No  Information:

Trade Waste contract in place Yes  No  Information:

**Additional Comments:**

- DPS AUTHORIZATION LIST IN USE - LAST ENTRY JULY 2019.
- STAFF TRAINING LAST COMPLETED IN JUNE 2019.
- REFRESHER IS DUE - ADVISED.
- ADVISED ON DISCREET CUSTOMERS AFTER CLOSING.
- CCTV TO BE CHECKED UPON FOLLOW UP VISIT (RECORDED CHECKS 02/12/19)
- COCAINE WIFE POSITIVE.
- DRUGS POLICY - ADVISED ON RECORDING.
- INCIDENT BOOK IN USE - ADVISED HOW TO RECORD ~~INCIDENTS~~

Signature of Person Interviewed: B. Colcoran Date: 15.11.19

**IF YOU NEED TO CONTACT US TO DISCUSS THIS PLEASE CONTACT:**  
Licensing, Tame Street, Stalybridge, SK15 1ST or email: [licensing@tameside.gov.uk](mailto:licensing@tameside.gov.uk)

Officer Name: J. Horkan Signed: [Signature]

Telephone: 0161 342 4262

