

Gaming Barring Order Internal Working Report

GAMING BARRING ORDER Internal Working Report		
Summary of reasons for involuntary barring by:		
Hotel _____ Date _____		
Name of barred person		
Date and time of interactions or observations		
List the problem gambling behaviours		
What are the welfare concerns?		
Date barring order loaded into BOEN		
Name and badge number of person who issued barring order		
Contact telephone number Email		