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| Licensing and Regulation Division  PO Box 43098, Olympia WA 98504-3098  Phone: (360) 664-1600 Fax: (360) 753-2710  [lcb.wa.gov](http://www.lcb.wa.gov) |  |
| **License Number** |
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| **UBI Number** |
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| **Trade Name** |

**Safety Operating Plan – Axe Throwing**

A liquor licensee or applicant must submit a Safety Operating Plan addressing how the licensee will mitigate safety concerns associated with axe throwing at the liquor licensed premises, as required in [WAC 314-03-060](https://app.leg.wa.gov/WAC/default.aspx?cite=314-03-060). As a liquor license holder, you are responsible for all operations and conduct of employees, customers and others occurring on the licensed premises.

Instructions: Describe in detail how your safety protocols meet each of the requirements below. You can attach additional pages if needed.

**1. Protocols for Monitoring Alcohol Consumption**

1. **A Mandatory Alcohol Server Training (MAST) certified employee must be designated to the axe throwing area at all times to monitor alcohol consumption.**

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*Example – the number of MAST certified employees within the axe throwing area and what they are responsible for, such as identifying signs of intoxication (slurred speech, stumbling, swaying, etc.), lighting standards, etc.*

1. **Prohibiting patrons who appear intoxicated from axe throwing.**

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*Example – using wristbands to monitor consumption and limiting the number of alcoholic drinks per patron.*

1. **De-escalating patrons who appear intoxicated and are uncooperative or hostile.**

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*Example – de-escalation techniques, patrons will be asked to leave the axe throwing area before being asked to leave the liquor licensed premises.*

1. **Training employees on the protocols included in the Safety Operating Plan.**

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*Example – how often staff will be trained and where protocols will be posted for employee reference.*

**2. Description of Operations and Premises**

1. **Axe throwing areas must be separated from the alcohol consumption areas. Alcohol is not allowed in the axe throwing areas.**

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*Example – differences between alcoholic and non-alcoholic beverage containers. Types of signage and location, such as “No alcohol beyond this point”.*

1. **The axe throwing areas must have barriers to separate the axe throwing activity from the designated consumption areas. Barriers must prevent axes from traveling out of the axe throwing areas, including behind the throwers. "Barriers" means walls, fences, cages, or similar physical obstructions.**

Describe the barriers used to prevent axes from traveling outside of the axe-throwing areas.

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*Example – type and height of barriers used.*

1. **Attach a letter from the barrier manufacturer attesting to the safety of the barrier material for axe throwing activities and that it can withstand repeated axe throwing contact.**
2. **Attach a Floor Plan which must include the following:**
3. Drawn to scale (spirits, beer and wine restaurants only)
4. North arrow indicator
5. Label all areas (including dimensions) according to their use; e.g., dining, lounge, gaming, kitchen (include layout/equipment), restrooms, entry, dance floor, etc.
6. Designated consumption areas where alcohol may be sold, served, or consumed.
7. Location of doors, windows, walls, etc.
8. Location of alcohol taps, displays and storage areas.
9. Location of all public entrances (must label access point such as: alley, parking lot, and street – including specific street names).
10. Location and type of furniture (tables, chairs, booths, bar, service bars, pool tables, dart boards, etc.).
11. Axe throwing areas, including barriers separating the axe throwing areas from the alcohol consumption areas.

**3. Continuing Requirements** (check each box to acknowledge)

Changes to the Safety Operating Plan must be submitted to the LCB Board’s Licensing Division for approval. The currently approved Safety Operating Plan must remain in effect until the change request is approved.

Failure to adhere to the approved Safety Operating Plan is subject to the penalty structure outlined in WAC 314-29-030: Violations of an LCB Board approved operating plan.

I declare under penalty of perjury that the foregoing is true and correct.

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| Licensee (Print Name) |  | Title |
|  |  |  |
| Licensee Signature |  | Date |