Public Inebriate Incapacitation Screening and Disposition
Monthly Summary Report

Organization: _____

Director: _____ Phone: _____

For the Month Ending: _____/____/_____ Location: _____

Total Screenings Completed: _____

Each major category below must add up to the total screenings above:

Gender – Number of screenings:

_____ Male _____ Female

Substance – Number of screenings for:

_____ Alcohol _____ Drugs

_____ Both Alcohol & Drugs _____ Other/None

Disposition – Number of screenings released to:

_____ Self

_____ Protective custody (Jail)

_____ Shelter instead of protective custody

_____ Family/other sober person

_____ All other dispositions

Of the total screenings above, how many were referred to treatment? _____