

STATE OF WASHINGTON GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

HOUSE-BANKED CARD ROOM RECORDS

Dear Class HB Card Room Licensees:

WAC 230-15-190 requires the Commission to provide each licensed card room operator with a sample packet of daily records. These daily records must be completed daily. If there is no activity on a day, only the *Master Games Report* (GC2-263) needs to be completed indicating there was no activity. Attached are the records in the prescribed format, instructions, and a document flow chart to assist you in completing the required records.

New card room operators should contact their local county or city treasurer for details regarding taxation of authorized gambling activities within your particular area, as set forth in RCW 9.46.110. Most jurisdictions require some type of registration prior to commencement of your gambling activity(ies).

If you have a question or need assistance, please call the Gambling Commission office in your area.

Attachments

P.O. Box 42400 • Olympia, Washington 98504-2400 • (360) 486-3440 • 1-800-345-2529 • FAX (360) 486-3630

GC2-255 (Revised 5/19) Reviewed 4/18



STATE OF WASHINGTON GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

TO: Card Room Licensees

SUBJECT: RESPONSIBILITY TO REPORT

Your Responsibility to Report Illegal Activity

It is your responsibility as a licensee to report and stop illegal activities. If you observe or suspect such activities occurring at your premises or any other location, please contact our nearest field office or report online at www.wsgc.wa.gov by clicking on the link "Report a Violation" and we will investigate the matter.

Self Reporting Violations

We will not bring administrative charges against a licensee that reports a violation to commission staff within 24 hours of finding it unless the director determines there are extenuating circumstances. You may accomplish this by leaving a voice or email message with the area agent and immediately correct the violation. If we determine the violation cannot be immediately corrected, you must submit a plan to correct the violation by a date agreed to by us. This section does not apply if you engaged in criminal activity or we find the violation before you report it.

Ongoing Investigations and Possible Penalties

We will aggressively pursue any suspected bookmaking or other illegal activities, and we will work closely with local law enforcement to end those activities.

If you or your employees are involved in any illegal activities or allow them to continue at your business, we will have no choice but to take appropriate actions. These actions may result in the loss of your license(s) and criminal prosecution.

Monitoring Compliance Through Unannounced Visits

Our agents will continue to make announced and unannounced visits to licensed premises to monitor compliance with our rules and regulations.

Our mission is to keep gambling legal and honest. Thank you for your cooperation in helping us meet that mission.

We look forward to continuing to work with you in the future. Together, we can provide an operating environment that promotes the highest possible level of integrity for authorized gambling activities and discourages illegal activities.

HOUSE BANKED CARD ROOM **INSTRUCTIONS**

A. FILL AND CREDIT REQUEST FORM (GC2-257)

This form is used:

- 1) By the floor supervisor to request the cashier to complete a fill slip for the distribution of gaming chips and coins from the cashier's cage to a gaming table, or
- 2) By the floor supervisor to request the cashier to complete a credit slip for the distribution of gaming chips and coin from a gaming table to the cashier's cage.

Fill and Credit Request Form must be a two-part form. This form is prepared by the Floor Supervisor. To complete this form, record:

- Date
- Time
- Game or Table Number
- Whether it is a Fill or Credit
- Request amount of each chip/coin denomination
- Total chip/coin amount

Floor Supervisor and Security sign the form*. Security delivers the original to the cashier's cage. Dealer places the duplicate copy face up on the gaming table. Once the fill/credit is complete, the Dealer places the duplicate Fill/Credit Request Form in attached drop box. The Cage Cashier includes the original form in the daily records and forwards them to the accounting department.

NOTE: * If performing a Credit, the dealer also signs the form.

B. FILL / CREDIT SLIP (GC2-258)

This form is used whenever gaming chips or coins are:

- 1) Distributed to a gaming table from the cashier's cage (Fill), or
- 2) Removed from a gaming table and transported to the cashier's cage (Credit).

Fill/Credit Slips must be a three-part form and consecutively pre-numbered. This form is prepared by the Cage Cashier. To complete this form, record:

- Whether it is a Fill or Credit
- Date
- Time
- Game or Table Number
- Chip/coin denomination
- Quantity of chips/coin*
- Chip amount
- Add the chip/coin amounts to get a Total**

Cage Cashier signs the form verifying the information. Security verifies, signs, and transports original and duplicate copies to gaming table.

Dealer and Floor Supervisor verify the amount and sign the form. Dealer places duplicate copy in attached drop box.

Security returns the original copy to the cashier. The cage cashier includes the form in the daily records and forwards them to the accounting department.

NOTE: * It is optional to fill out the quantity column

** The total amount of the Fill/Credit is also written in big bold numbers in the "memo" section

GC2-256 (Revised 5/19) Page **1** of **13**

C. TABLE INVENTORY SLIP (GC2-259)

This form is used to account for chips and coin stored at gaming tables.

Table Inventory Slip must be a three-part form and consecutively pre-numbered. This form is prepared by the Floor Supervisor when they close a gaming table. To complete this form, record:

- Date
- Time
- Game or Table Number
- Quantity of each chip/coin denomination *
- Total amount of each chip/coin denomination
- Add the chip/coin amounts to get a Total

Closing Floor Supervisor and Closing Dealer sign the form verifying the information. Dealer places original copy (Closer) in attached drop box. Dealer places the duplicate copy (Opener), face up, in the chip tray. Security transports the triplicate copy to the accounting department.

When the table is opened, the Opening Floor Supervisor and Opening Dealer sign the duplicate copy (Opener) verifying the information. Dealer places the duplicate copy in the attached drop box.

NOTE: If a discrepancy is noted on the Opener, the Floor Supervisor must complete and sign a **Notification** of Error Slip (GC2-262).

If an error is made when filling out the Closer, the Floor Supervisor must write "Void" on all copies and forward them to the accounting department.

D. SOFT COUNT DROP (GC2-260)

This form is used to record and reconcile the total amount of cash received from all drop boxes counted in the count room.

For counting purposes, currency will be separated as follows:

Denomination	Bills in a Clip	Clip Value	Clips in a Strap	Strap Value
\$ 1.00	25	\$ 25.00	4	\$ 100.00
5.00	20	100.00	5	500.00
10.00	25	250.00	4	1,000.00
20.00	25	500.00	4	2,000.00
50.00	20	1,000.00	5	5,000.00
100.00	25	2,500.00	4	10,000.00

This form is prepared by a member of the count team (Recorder). To complete this form, record:

- Date of the drop
- Total cash amount for each Strap, Clip and Loose bills
- Total amount of cash for each denomination
- Total cash amount for all Straps, Clips, Loose, \$2 bills, Mutilated, and Counterfeit
- Grand total of all cash

The Total Drop amount is taken from the **Master Games Report (GC2-263).** This amount should equal the Grand Total amount.

The Recorder and Accounting/Cashier sign the form verifying the information. The original copy is forwarded to the accounting department. If a duplicate copy is used, forward it to the cashier's cage.

NOTE: The duplicate copy is optional

GC2-256 (Revised 5/19) Page **2** of **13**

^{*} It is optional to fill out the quantity column.

E. KEY CONTROL LOG (GC2-261)

This form is used to record the issuance of and return of all keys used to control restricted access areas by cardroom employees.

To complete this form, record:

- Key box
- Date
- Time key(s) were removed (signed out)
- Key number(s)
- Reason keys were removed
- Signature of authorized employee removing key(s)
- Employee number
- Time key(s) were returned (signed in)
- Signature of authorized employee returning key(s)
- Employee number

NOTE: A list of employees authorized to access keys must be listed on the bottom of this form or posted next to the key box.

F. NOTIFICATION OF ERROR SLIP (GC2-262)

This form is used to explain the reason the opening **Table Inventory Slip (GC2-259)** does not agree with the actual opening count.

Notification of Error Slip must be a two-part form. This form is prepared by the Floor Supervisor. To complete this form, record:

- Game or Table Number
- Date
- Time
- Detailed explanation of the reason why the actual opening table inventory does not match the Table Inventory Slip. It must also include the explanation of how the issue was resolved.

Floor Supervisor, Dealer, and Security sign the form verifying the information. Dealer places the original copy in the attached drop box. Security transports the duplicate copy to the accounting department or cashier's cage.

NOTE: Licensee must notify the WSGC within 24 hours of errors of two hundred dollars or more, or if there is a pattern of shortages (WAC 230-15-495).

G. MASTER GAMES REPORT (GC2-263 for house banked & GC2-263a for house banked & poker)

This form is used to record all activity at each gaming table to include the count of the contents of the drop boxes (Drop) and the calculation of the Win/Loss.

This form is prepared by a member of the count team (Recorder). To complete this form, record:

- Gaming date
- Game name
- Opener (A) is the opening chip and coin amount. This amount is taken from the opening **Table Inventory Slip (GC2-259)****.
- Fill Series Number. Record the series number(s) from the Fill Slip(s) (GC2-258)**.
- Fills (B) is the amount of chips and coin distributed to a gaming table. This amount is taken from the Fill Slip(s) (GC2-258)**.
- Credit Series Number. Record the series number(s) from the Credit Slip(s) (GC2-258)**.
- Credits (C) is the amount of chips and coin transferred to the cashier's cage. This amount is taken from the Credit Slip(s) (GC2-258)**.
- Closer (D) is the closing chip and coin amount. This amount is taken from the closing **Table Inventory Slip (GC2-259)****.
- Total (E) is calculated by (- Opener (A) Fills (B) + Credits (C) + Closer (D) = Total(E)). This amount
 may be positive or negative.

GC2-256 (Revised 5/19) Page **3** of **13**

- Drop (F) is the amount of currency counted from the drop box(s). This amount is taken from the **Soft Count Verification Sheet (GC2-283).**
- Win/Loss (G) is calculated by (Total (E) + Drop (F) = Win/Loss (G).*
- Win/Loss Percentage (H) is calculated by (Win/Loss (G) divided by the Drop (F) = Win/Loss % (H)*

For Licensees conducting poker, record***:

- Amount of chips collected from the poker rake
- Amount of chips collected from the PSJ Drop

For Licensees who operate progressive games, complete the "Less Adjustments for Progressive Jackpots" section. If unsure about how to calculate this, contact your local gambling agent.

The rows and/or columns are then totaled.

Recorder, Counter 1, Counter 2, and Verifier sign the form verifying the information. The Verifier transports the Master Games Report, along with the Fill/Credit Request Form, Fill/Credit Slips, and Table Inventory Slips removed from the drop boxes, to the accounting department. Accounting signs this form verifying the information.

NOTE: * The accounting department may complete the Win/Loss portion of the Master Games Report.

- ** Prior to the count, the Cage Cashier may record the Opener (A), Fill Series Number(s), Fills (B), Credit Series Number(s), Credits (C), and Closer (D) on the Master Games Report. If they do, a count team member must verify all information is correct.
- *** Licensees operating poker may adjust this form to reflect the correct number of house banked and poker tables.

H. CARD INVENTORY CONTROL LOG (GC2-264)

This form is used to control and track all decks maintained in inventory from the point of purchase to the point the decks are destroyed.

This form is prepared by Security. To complete this form, record:

- Date
- Number of decks signed in
- · Number of decks signed out
- Balance, or remaining number of decks in inventory (# of Decks In -- # of Decks Out = Balance)

Security and Gaming sign the form verifying the information.

I. CAGE PAID IN / OUT (GC2-265)

This form is consecutively pre-numbered and used to record all additions or withdrawals of cash to/from the cashier's cage.

This form is prepared by the Cage Cashier. To complete this form, record:

- Whether it is a Paid In or Paid Out
- Date
- Time
- Transaction Amount
- Reason for the Paid In/Out
- Authorized By, is the signature of the individual approving the transaction*
- Paid By, is the signature of the individual paying the funds
- Received By, is the signature of the individual receiving the funds

NOTE: * Authorization is only need when conducting a Paid Out.
A separate form must be used for each transaction.

GC2-256 (Revised 5/19) Page **4** of **13**

J. SAFE/VAULT INVENTORY (GC2-266)

This form is used to record the inventory of currency and chips stored in the safe/vault. This form must be completed anytime there is a change to the safe/vault inventory.

To complete this form, record:

- Date
- Time
- Amount of Currency Strapped and Loose/Clipped for each denomination
- Total amount of Currency Strapped and Loose/Clipped
- Amount of coin Rolled and Loose for each denomination
- Total amount of Coin Rolled and Loose
- Amount of Chips Racked and Loose for each denomination
- Total amount of Chips Racked and Loose
- Miscellaneous
- Actual Count is the total amount of Currency, Coin, Chips & Misc. in the Safe/Vault
- Previous Count is the amount of Currency, Coin, Chips, & Misc. from the last Inventory
- Increases are any Currency, Coin, Chips, & Misc. that have been added to the Safe/Vault
- Decreases are any Currency, Coin, Chips & Misc. that have been removed from the Safe/Vault
- Over/Short is the difference in the amount of Currency, Coin, Chips and/or Misc*.

Cage Cashier/Accounting and a witness sign the form verifying the information.

NOTE: * Licensee must provide an Explanation for all Over/Short

K. STRAP VARIANCE LOG (GC2-268)

This form is used to record any variances (over or short) in currency found in the cage.

This form is completed by the Cage Cashier. To complete this form, record:

- Month
- Year
- Date
- Amount Over/Short
- Roll/Strap I.D. Number and date. Include the names of the cage & count team member that conducted the count on that date.

The Cage Cashier reporting the strap variance signs the form verifying the information.

NOTE: This form is optional

.. RECONCILIATION DROP / DEPOSIT (GC2-269)

This form is used to record the reconciliation of the drop and deposit.

This form is prepared by Cage Casher/Accounting. To complete this form, record:

- Date
- Chip Inventory
 - Total PSJ Drop taken from the Master Games Report (GC2-263)
 - o Total Poker Rake taken from the Master Games Report (GC2-263)
 - Total Chip Drop. (Total Chip Drop = Total PSJ Drop + Total Poker Rake)
 - Amount of chips going to Cage
 - o Amount of chips going to the Vault
- Cash Soft Count Inventory
 - Cash Drop is the amount of cash received from the Drop recorded on the Master Games Report (GC2-263)
 - Cash Due Back to Cage (Cash Due Back to Cage = Due Back to Cage taken from the Cage Inventory Count (GC2-281) Chips to Cage). If operating the cage on a float, amount of Cash to Cage.

GC2-256 (Revised 5/19) Page **5** of **13**

- o Cash PSJ Deposit (Cash PSJ Deposit = Total PSJ Drop PSJ Admin. Fee (up to 10%))
- Cash Progressive Deposit (Deposit = Progressive Funds Collected Prizes Paid Out) taken from the Progressive Prize Fund Accrual Record (GC2-360)
- Any other cash
- Cash Deposit Subtotal (Cash Deposit Subtotal = Cash Drop Cash Due Back to the Cage (or Cash to Cage if on a float) – Cash PSJ Deposit – Cash Progressive Deposit +/- Other Cash)
- Amount of Checks to be deposited
- o Deposit Total (Deposit Total = Cash Deposit Subtotal + Checks)*
- Due Back to the Cage
 - Due Back to the Cage is taken from the Cage Inventory Count (GC2-281)
 - Amount of Chips to the Cage
 - o Cash Due Back to Cage (Cash Due Back to the Cage = Due Back to Cage Chips to Cage
- PSJ
 - o Total PSJ Drop taken from the Master Games Report (GC2-263)
 - o PSJ Administrative Fee, is the amount the licensee withholds for admin. costs. Can be up to 10% of the PSJ Drop.
 - Cash PSJ Drop (Cash PSJ Drop = Total PSJ Drop PSJ Admin. Fee)

NOTE: * If Cash Deposit Subtotal is positive, add to Checks for Deposit Total

If Cash Deposit Subtotal is negative, no cash will be deposited, only checks. For Licensees operating the cage on an imprest, cash will be needed from the Vault/Safe/Bank.

NOTE: Licensees can make minor modifications to this form after receiving written approval from the WSGC. For example, house banked card room licensees not operating poker may delete the Chip Count Inventory and PSJ section.

M. EMPLOYEE SIGNATURE CARD (GC2-270)

This form is used to record card room employee's name and a sample of their signature and initials.

Employee Signature Card must be a two-part form. To complete this form, record:

- Full Name
- Department
- Employee number or Card Room Employee License number
- Employee Signature
- Employee Initials
- Date Employment was Started
- Date Employment was Terminated

The original copy of is maintained in the accounting department. The duplicate copy is maintained in the cashier's cage.

N. CAGE ACCESS LOG (GC2-271)

This form is used to record the access to specific areas within the house banked card room.

To complete this form, record:

- Date
- Name and Job Title
- Time In
- Purpose or reason for access
- Time Out

O. SAFE/VAULT ACCESS LOG (GC2-272)

See N above.

P. COUNT ROOM ACCESS LOG (GC2-274)

See N above.

GC2-256 (Revised 5/19) Page **6** of **13**

Q. SURVEILLANCE ROOM ACCESS LOG (GC2-276)

See N above.

R. VISITOR ACCESS LOG (GC2-277)

This form is used to record the access to visitors (unauthorized individuals) into restricted areas of a house banked card room.

To complete this form, record:

- Date
- Name and Job Title
- Time In
- Purpose or reason for access
- Time Out

S. SENSITIVE FORM – RECEIVING CONTROL SHEET (GC2-278)

This form is used to track all pre-numbered forms used by the gaming operation.

This form is prepared by Accounting. To complete this form, record:

- Date
- Type of form
- Beginning Serial Number
- Ending Serial Number
- Location of where the forms are received from, transferred to, or stored in

T. DAILY RETURNED CHECK REPORT (NSF CHECK LOG) (GC2-280)

This form is used to record all player's checks that are returned to the licensee as Non-Sufficient Funds (NSF). This form is also a record of collections of those funds from the player.

This form is prepared by Accounting. To complete this form, record:

- Date check was written
- Check number
- Checking account number
- Amount check was written for
- Date the check was returned NSF
- Name of the Drawer on the check
- Date funds were collected
- Amount collected
- Date funds were deposited*

NOTE: * Any funds received from payment of NSF checks should be listed separately when deposited and deposited within 2 banking days.

U. CAGE INVENTORY COUNT (GC2-281)

This form is used to record and reconcile the total cage inventory at the end of each shift/day.

This form is prepared by the Cage Cashier. To complete this form, record:

- Amount of currency (bundled, loose and in total) for each denomination
- Amount of coin (rolled, loose, and in total) for each denomination
- Total Cash (Total Currency + Total Coin = Total Cash)
- Amount to chips (racked, loose, and in total) for each denomination
- Miscellaneous currency, coin, and/or chips (ex. safe, fill bank, etc)
- Total miscellaneous amount
- Checks on hand (personal, payroll, cash advance, other)
- Total checks
- Total Cage Bank = (Total Cash (1) + Total Chips (2) + Total Miscellaneous (3) + Total Checks (4))

Decreases to the cage (fills, paid outs, other)

GC2-256 (Revised 5/19) Page **7** of **13**

- Total decreases
- Increase to the cage (credits, paid ins, transfers, NSF check repayment, other)
- Total increases
- Due back to cage = Imprest Amount Ending Bank (1+2+3) *
- Cage Inventory = Total Cage Bank (1+2+3+4) + Total Decreases (5) Total Increases (6)
- Over/Short = Cage Inventory Opening Bank

The Incoming Cashier, Outgoing Cashier, and Verifier sign this form verifying the information.

NOTE: * Licensees that maintain the cage at imprest are only required to complete the Due Back Calculation section at closing. Licensees that have received approval from the commission to use a float do not complete the Due Back Calculation section.

NOTE: Licensees can make minor modifications to this form after receiving written approval from the WSGC

V. HOUSE BANKED CARD ROOM MONTHLY INCOME SUMMARY (GC2-282)

This form is a monthly accounting of card room activity.

This form is prepared by Accounting. To completed this form record the month and year. The following information is taken from other records:

- Rake is taken from Master Games Report (GC2-263)
- PSJ Admin. Fees taken from Reconciliation Drop/Deposit (GC2-269)
- Tournament Entry Fees taken from Card Tournament Summary (GC2-301)
- House Bank Net Win/Loss taken from Master Games Report (GC2-263)
- Cash Over/Short taken from the Cage Inventory Count (GC2-281)

Total all columns.

NOTE: If charging by time/hand you will need to add an additional column

W. SOFT COUNT VERIFICATION SHEET (GC2-283)

This form is used to record the contents of each drop box after it is counted.

This form is completed by the Count Team. To complete this form, record:

- Date
- Game or table number
- Amount of currency for each denomination
- Amount of chips

Total all rows and columns. The totals from each drop box are entered as the Drop on the **Master Games Report (GC2-263)**

Counter 1, Counter 2, and the Recorder sign the form verifying the information.

X. SURVEILLANCE ACTIVITIES LOG (Part 1) (GC2-284)

This form is used to record surveillance activities. This form should be confidential and should be reviewed only by surveillance personnel and their superiors.

This form is completed by Surveillance. To complete the form, record:

- Date
- Person Conducting Surveillance
- Reason for conducting surveillance
- Time Begin
- Time End
- Result

If suspicious or illegal activity is detected, document when the WSGC was notified.

GC2-256 (Revised 5/19) Page 8 of 13

Y. SURVEILLANCE ACTIVITIES LOG (Part 2) (GC2-284a)

This form is used as an equipment Malfunction Log.

This form is completed by Surveillance. To complete this form, record:

- Date
- Description of Malfunction
- Date/Time Out of Service
- Date/Time In Service
- Date/Time WSGC was notified

Document when the digital system was remotely accessed for maintenance or repair.

Z. CARD DESTRUCTION LOG (GC2-285)

This form is used to record the destruction of decks of cards.

This form is prepared by Security. To complete this form, record:

- Date
- Number of decks destroyed

Security and Gaming sign this form verifying the information.

AA. CHIP DESTRUCTION LOG (GC2-286)

This form is used to record the destruction of damaged or mutilated chips.

This form is prepared by Accounting. To complete this form, record:

- Date chips were destroyed
- Chip denomination
- Number of chips

Accounting and Security sign this form verifying the information.

BB. INCIDENT REPORT (GC2-287)

This form is used to document reportable incidents that occurred on the licensed premises.

This form is prepared by Security and/or Surveillance. To complete this form, record:

- Name of individual involved in the incident
- Date and time
- Driver's License Number or Social Security Number
- · Date of birth
- Current address
- Phone number
- Whether surveillance/security was notified
- If surveillance video was maintained
- Surveillance video start time
- Surveillance video stop time
- Type of incident
- Floor supervisor on duty
- Shift
- · Game or table number
- Detailed description of the incident
- Date and time WSGC was notified

Security or Surveillance signs this form verifying the information.

NOTE: Licensees can make minor modifications to this form after receiving written approval from the WSGC.

GC2-256 (Revised 5/19) Page **9** of **13**

CC. DEALER EVALUATION FORM (GC2-288)

This form is used by surveillance to conduct evaluations of dealers.

This form is prepared by Surveillance. To complete this form, record:

- Name of dealer evaluated
- Date and time of evaluation
- Name of Floor Supervisor
- Shift
- Evaluation start time
- Evaluation stop time
- Game or table number
- Number of decks used
- Table limit
- Number of hands observed
- Number of players at the table
- Players betting range
- Average shuffle time
- Number of mistakes
- Whether or not the dealer:
 - Properly shuffled
 - o Properly cut the deck
 - o Protected the deck
 - Used correct peek procedure
 - Showed felt between the cards
 - Spread players cards out
 - Followed take and pay procedures
 - o Cleared hands
- Detailed comments/review of the dealers' evaluation

Surveillance signs this form verifying the information.

NOTE: Licensees can make minor modifications to this form after receiving written approval from the WSGC.

DD. CUSTOMER COMP LOG (GC2-289)

This form is used to record any complimentary (comps) item(s) provided to players by the licensee's employees.

To complete this form, record:

- Date
- Name of customer
- Address
- Phone number
- Employee authorizing comp
- Complimentary Item
- Value of complimentary item

NOTE: Licensees can make minor modifications to this form after receiving written approval from the WSGC

GC2-256 (Revised 5/19) Page **10** of **13**

EE. CARD TOURNAMENT SUMMARY (GC2-301)

This form is used to record entry fees and winner's information on house banked and poker tournaments.

To complete this form, record:

Gross Gambling Receipts Computation:

- Entry Fees Collected taken from Summary of Participants, Entry Fees, and Buy-Ins (GC2-302)
- Fair market value of food and/or drink provided
- Total Tournament Entry Fees (Total Tournament Entry Fees = Entry Fees Collected Food & Drink Provided

Total Prizes Awarded:

- Total Buy-Ins taken from Summary of Participants, Entry Fees, and Buy-Ins (GC2-302)
- Total of additional prizes paid by the licensee
- Total Prizes Awarded = Total Buy-Ins + Total Prizes Paid by House

Winner's List:

- Winner's FULL name
- Date of birth
- Prize amount won

Total the Prizes Awarded

Dealer or Supervisor signs the form verifying the information.

FF. SUMMARY OF PARTICIPANTS, ENTRY FEES, AND BUY-INS (GC2-302)

This form is used for recording the tournament participants and their related fees/buy-ins.

To complete this form, record:

- Date
- Complete name of entrant
- Entry fee amount
- Buy-In amount(s)

For each entrant, add across the "Buy-In" and the "Additional Buy-In" amount. Record the sum in the "Total Buy-Ins" column. Do not include the entry fee in this calculation.

Total all columns

GG. PSJ PRIZE FUND ACCRUAL RECORD (GC2-317)

This form is a monthly accounting of a PSJ fund. Primary and reserve (back up) funds are all part of the same PSJ fund. The licensee must have a separate prize fund accrual record for each separate PSJ scheme.

This form is prepared by Accounting. To complete this form, record:

- Month and year
- Name of prize fund
- Seed money balance from the prior month
- Cumulative balance of PSJ fund from the prior month
- Date
- PSJ funds collected taken from Reconciliation Drop/Deposit (GC2-269)
- Amount of PSJ prizes paid out taken from PSJ Winners Record (GC2-318)
- Deposit amount (Deposit Amount (4) = PSJ Funds Collected (2) PSJ Prize Payouts (3))
- Date of deposit
- Amount of any increases/decreases to seed money
- Cumulative Balance of PSJ Fund

Prior month seed money balance + seed money increases – seed money decreases = Seed Money Balance. This amount is carried over to the next month's accrual record as Prior Month Seed \$ Balance.

Prior Month PSJ Balance is the Cumulative Balance of the PSJ fund carried forward from the last day of the prior month.

GC2-256 (Revised 5/19) Page 11 of 13

HH. PSJ WINNERS RECORD (GC2-318)

This form is used for recording the payment of PSJ prizes.

To complete the form, record:

- · Date and time awarded
- Clearly print winner's FULL name
- Date of birth
- Prize amount
- Check number
- · Description of winning hand

Winner, Dealer, and Supervisor initial this form verifying the information.

II. PROGRESSIVE PRIZE FUND ACCRUAL RECORD (GC2-360)

This form is a monthly accounting of a progressive prize fund. Primary and reserve (back up) funds are all part of the same Progressive Prize Fund. Each separate Progressive Prize Fund game must have its own prize fund accrual record.

This form is prepared by Accounting. To complete this form, record:

- Month and Year
- Name of prize fund
- Seed money balance from the prior month
- Cumulative balance of progressive fund from the prior month
- Date
- Amount of progressive prize funds collected
- Amount of prizes paid out
- Deposit amount (Deposit Amount = Progressive Funds Collected Prize Payouts)
- Date of deposit
- Amount of any increases/decreases to seed money
- Cumulative Balance of Progressive Fund

Prior month seed money balance + seed money increases – seed money decreases = Seed Money Balance. This amount is carried over to the next month's accrual record as the Prior Month Seed \$ Balance.

Prior Month Balance is the Cumulative Balance of the progressive fund carried forward from the last day of the prior month.

JJ. NOTIFICATION OF ERROR (NOE) LOG (GC2-361)

This form is used to record all NOE's that are issued for any discrepancy between the amount of gambling chips/coin counted and the amount of chips/coin recorded on the opener.

This form is prepared by Accounting. To complete this form, record:

- Date
- Serial number of Table Inventory Slip
- Game or table number
- Amount of error
- Date WSGC was notified*

NOTE: Licensees must notify the WSGC within 24 hours of errors of \$200 or more, or if there is a pattern of shortages (WAC 230-15-495).

GC2-256 (Revised 5/19) Page **12** of **13**

KK. PLAYER SUPPORTED JACKPOT (PSJ) MONTHLY RECONCILIATION (GC2-362)

This form is used to compare the PSJ balance per bank statement to the PSJ balance per accrual record and document the difference.

This form is prepared by Accounting. To complete this form, record:

- The name of the prize fund
- Month and Year
- Cumulative balance from the end of the month from Prize Fund Accrual Record (GC2-317)
- Deposit Dates/Amounts that are in transit
- Total deposits that are in transit
- Check numbers and amounts for outstanding checks
- Total amount of outstanding checks
- Other miscellaneous deposits or withdrawals
- Adjusted PSJ Account Balance = Month End Cumulative Balance (1) + Total Reconciling Items (2)
- Adjusted PSJ Account Balance (3) should equal Month End Balance from Bank Statement (4)

Accounting signs and dates this form verifying the information.

LL. IMPREST BANK SIGN OUT LOG (GC2-319)

This form is used when issuing chip banks to dealers. If the chip bank(s) is assigned to a table with rotating dealers, this form is not required.

To complete the form, record:

- Date
- Dealer name
- Time the dealer checked the bank out
- Bank amount
- Table/Bank # (number)
- Supervisor signature
- Time the dealer checked the bank back in
- Bank amount
- (+/-) Over/Short is the difference between the amount of the bank that was checked out and the amount of the bank that was checked back in
- Initials of the Dealer and the Supervisor

GC2-256 (Revised 5/19) Page **13** of **13**

FILL AND CREDIT REQUEST FORM							
Date:	\$100						
Time:	PM						
Game/	\$ 5						
Table #:	\$ 1						
	Other:						
☐ CREDIT	Total:						
Sup	ervisor						
Security							
Dealer (C	Credits Only)						
Original – Cage GC2-257 (Rev. 7/14)	Duplicate – <i>Drop Box</i>						

FILL / CREDIT SLIP

☐ Credit				
Date:	Time:		☐ AM	☐ PM
Game/Table #:				
Denomination	Quantity*	Am	ount	
		\$		
	TOTAL	\$		
Memo:				
Security:	Supervisor:			
Cashier:	Dealer:			

Duplicate - **Drop Box**

* Quantity column is optional

Triplicate - Accounting

Original – *Cage*

☐ Fill

Гіте:					
Quantity *	Amount				
Original – Closer Duplicate – Opener Triplicate – Accounting GC2-259 (Rev. 7/14) * Quantity column is optional					
	cate – <i>Opener</i> Trip				

SOFT COUNT DROP

Date:_____

поиг	DREDS		F	FIVES
	Amount			Amount
Straps			Straps	
Clips			Clips	
Loose			Loose	
Total			Total	
FIF	TIFO	\neg		ONEC
	TIES			ONES
Ctrono	Amount		Ctrono	Amount
Straps			Straps	_
Clips Loose			Clips Loose	_
Total			Total	
TWE	NTIES		TO	DTALS
	Amount			Amount
Straps			Total Cash	
Clips			Two (\$2.00)	
Loose			Mutilated	
Total			Counterfeit	
			Grand Total	
TE	NS			
	Amount			
Straps				
Clips		_		
Loose				
Total				
		Total D	Prop \$	(From G
				:

KEY CONTROL LOG

Key Box	
INC DOM	

Date	Time Out	Key#	Reason Removed	Signature – Out	Employee #	Time In	Signature – In	Employee #		
Autho	Authorized Personnel									

NOTIFICATION OF ERROR SLIP

Game/Table #:	_ Date:	Time:	AM PM
Remarks/Explanations/How Resolved:			
Dealer		Supervisor	
Security			
Original – <i>Drop Box</i>		Duplicate - Accounting	

GC2-262 (Rev. 7/2014)

MASTER GAMES REPORT

Gaming	Date:	

Game	A Opener Minus	Fill Series Numbers	B Fills Minus	Credit Series Numbers	C Credits Plus	D Closer Plus	E Total -A-B+C+D	F Drop	G Win / Loss E+F	H W/L% G/F
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
			LESS	S ADJUSTME	NT FOR PRO	OGRESSIVE	JACKPOTS:			
TOTALS										
Recorder:			Co	unter 2 :			Accou	unting :		
Counter 1:				rifier:			<u></u>			

GC2-263 (Rev. 7/2014)

MASTER GAMES REPORT

Credit

D

Fill

В

Gaming Date:								
Е	F	G	Н					
Total	Drop	Win / Loss	W/L%					
-A- B+C+D		E+F	G/F					

	Opener	Series	Fills	Series	Credits	Closer	Total	Drop	Win / Loss	W/L%
Game	Minus	Numbers	Minus	Numbers	Plus	Plus	-A- B+C+D		E+F	G/F
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
LESS ADJUSTMENT FOR PROGRESSIVE JACKPOTS:										
TOTALS										

	1	2	3	4	5	Total
Poker Rake						
PSJ Drop						

Recorder:	Counter 2 :	Accounting:
Counter 1:	Verifier:	

CARD INVENTORY CONTROL LOG

	# of Decks	# of Decks			
Date	In (+)	Out (-)	Balance	Security	Gaming

	C	AGE PAID IN	(Serial #)	
□ Paid In	□ Paid Out	Date:	Time:	
Amount:				
Reason:				
Authorized By	y:			
Paid By:				
Received By:				
GC2-265 (Rev. 7/2				

SAFE/VAULT INVENTORY

		[Date:	Time:	AM PM
	Currency			Chips	
	Strapped	Loose & Clipped		Racked	Loose
Hundreds			\$100		
Fifties			\$25		
Twenties			\$5		
Tens			\$1		
Fives			Other		
Ones			Other		
Total			Other		
			Mutilated		
	Coin		Total		
	Rolled	Loose			
Dollars				Miscellaneous	
Halves					
Quarters					
Dimes					
Nickels					
Pennies					
Change Tray					
Total					
Actual Count	+		* Explanation:		
Previous Count	-				
Increases	+				
Decreases	-				
Over/Short*			Cashier/Accounting:_		
			Witness:		

STRAP VARIANCE LOG

Date	Amount Over / Short	Roll / Strap I.D. & Date (Cage-Count Team)	Cage Cashier

Licensee Name RECONCILIATION DROP/DEPOSIT

		Date:
CHIP Count Inventory***		
Total PSJ Drop	+	Due Back to Cage **
Total Poker Rake	+	Due Back to Cage +
Total CHIP Drop	=	CHIPS to Cage -
CHIPS to Cage	-	CASH Due Back to Cage =
CHIPS to Vault	-	
CASH Soft Count Inventory		PSJ
CASH Drop	+	Total PSJ Drop +
CASH Due Back to Cage, OR		PSJ Admin. Fee (10%)
CASH to Cage (Float)	-	CASH PSJ deposit =
CASH PSJ deposit	-	<u> </u>
CASH Progressive deposit	-	
CASH Other	+/-	
CASH Other	+/-	
CASH DEPOSIT Subtotal *	=	
Checks	+	
DEPOSIT TOTAL	=	
If "CASH DEPOSIT Cash will be needd	Subtotal" is r	negative, add to Checks for the DEPOSIT TOTAL. negative, no cash will be deposited, only checks. Yault/Safe for the cage.
		s only completed if operating poker
		Cashier/Accounting:

GC2-269 (Rev. 7/2014)

	EMPLOY	EE SIGNATURE C	ARD	
Name (Print):	Last	First	Mid	ddle
Department:		_Employee # / CRE L	icense#:	
Signature:				
Initials:	Date Start	ed:	Date Terminated: _	
GC2-270 (Rev. 7/14)	Ori	ginal - Accounting	Du	uplicate - Cage

CAGE ACCESS SIGN-IN LOG

Date	Name/Title	Time In	Purpose	Time Out

SAFE/VAULT ACCESS LOG

Date	Name/Title	Time In	Purpose	Time Out

COUNT ROOM ACCESS LOG

Date	Name/Title	Time In	Purpose	Time Out

SURVEILLANCE ACCESS LOG

Date	Name/Title	Time In	Purpose	Time Out

VISITOR ACCESS LOG

Date	Name	Time In	Purpose	Time Out

SENSITIVE FORM LOG

Date	Type of Form	Beginning Serial #	Ending Serial #	Location

DAILY RETURNED CHECK REPORT (NSF CHECK LOG)

Check Date	Check Number	Account Number	Check Amount	Date Returned	Name of Drawer	Date Collected	Amount Collected	Date * Deposited

^{*} Any funds received from payment of NSF checks should be listed separately when deposited and deposited within two banking days.

GC2-280 (7/2014)

CAGE INVENTORY COUNT

Currency:	Bundled	Loose	Total	
\$ 100.00	\$	\$	\$	
\$ 50.00	\$	\$	\$	
\$ 20.00	\$	\$	\$	Decreases to the Cage
\$ 10.00	\$	\$	\$	Fills <u>\$</u>
\$ 5.00	\$	\$	\$	Paid Outs \$
\$ 2.00	\$	\$	\$	Other\$
\$ 1.00	\$	\$	\$	Other\$
Subtotal			\$	Other\$
				Total Decreases (5) _\$
Coins:	Rolled	Loose	Total	
\$ 1.00	\$	\$	\$	Increases to the Cage
\$ 0.50	\$	\$	\$	Credits \$
\$ 0.25	\$	\$	\$	Paid Ins \$
\$ 0.10	\$	\$	\$	Transfer from \$
\$ 0.05	\$	\$	\$	NSF Check Repayment \$
\$ 0.01	\$	\$	\$	Other \$
Subtotal			\$	Total Increases (6) \$
TOTAL CASH			(1) \$	Due Back Calculation: *
Chips:	Racked	Loose	Total	Imprest Amount \$
\$ 100.00	\$	\$	\$	(minus)
\$ 25.00	\$	\$	\$	Ending Bank (1+2+3) \$
\$ 5.00	\$	\$	\$	(equals)
\$ 1.00	\$	\$	\$	Due Back to Cage \$
Other	\$	\$	\$	
Other	\$	\$	\$	
TOTAL CHIPS	<u>•</u>		(2) \$	Reconciliation of Bank
			· ,	Total Cage Bank (1+2+3+4) \$
MISCELLANE	ous			Plus Decreases (5) + \$
Safe		\$		Minus Increases (6) - \$
Fill Bank				Equals Cage Inventory = \$
Other		\$		Minus Bank at Opening - \$
Other		ζ ,		Over/Short = \$
TOTAL MISCE	LLANEOUS	_ y	(3)_\$	<u> </u>
			(o) <u>+</u>	
CHECKS:	Personal	\$		Date: Shift:
	Payroll	\$		
	Cash Advan	ce <u>\$</u>		Out Cashier:
	Other	\$		
TOTAL CHECK	(S		(4) \$	In Cashier:
TOTAL CAGE	BANK	(1+2+3-	+4)	Verifier:

^{*} To be completed at closing. Licensee's operating the cage on a float do not complete this section. GC2-281 (Rev. 7/2014)

HOUSE BANKED CARD ROOM MONTHLY INCOME SUMMARY

Month/Year:	

	Cumulative Card Playing Fees				
Date	Rake or Hand (1)	PSJ Admin. Fees (2)	Tournament Entry Fees (3)	House Bank Net Win/Loss (4)	Cash Over / Short (5)
1	\$	\$	\$	\$	\$
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total	\$	\$	\$	\$	\$

NOTE: Each line should agree with that day's Master Games Report (GC2-263).

SOFT COUNT VERIFICATION SHEET

Date:		
Date.		

Game / Table #	100.00	50.00	20.00	10.00	5.00	1.00	Chips	Misc.	Total*
Totals									

* This amount is carried to the Drop on the Master Game	Report (GC2-263)
Counter 1	
Counter 2	
Recorder	

GC2-283 (Rev. 7/2014)

Licensee Name SURVEILLANCE ACTIVITIES LOG (Part 1)

Б.	Person Conducting Surveillance	Danasa (a. 0	Time D	Time 5	D " *
Date	Surveillance	Reason for Surveillance	Time Begin	Time End	Results *

Note: If surveillance system is malfunctioning, please complete Surveillance Log (Part 2) (GC4-284a).

^{*} If you detect suspicious or illegal activity, record the date/time WSGC was notified.

Licensee Name SURVEILLANCE ACTIVITIES LOG (Part 2)

(Malfunction Log)

Date	Description of Malfunction	Date/Time Out of Service	Date/Time In Service	Date/Time WSGC Notified

Note: Document if the digital system was remotely accessed for maintenance or repair

CARD DESTRUCTION LOG

Date	# of Decks		
Destroyed	Destroyed	Security	Gaming

CHIP DESTRUCTION LOG

Date	Chip	Number		
Destroyed	Denomination	of Chips	Accounting	Security

INCIDENT REPORT

Name:	Date / Time:
DOL # / SS#:	Date of Birth:
Address:	
Phone #:	Surveillance/Security Notified: ☐ Yes ☐ No
Surveillance Video Maintained: ☐ Yes ☐ No	Start Time:Stop Time:
Type of Incident:	
Floor Supervisor:	Shift:
Game/Table # :	
Detailed Description:	
Date / Time WSGC Notified:	
	Security / Surveillance

DEALER EVALUATION FORM

Name:							
Date / Time:	Floor Supervisor:						
Shift:	Start: S						
Game/Table #:	# of Decks:	Table Lir	mit:				
	DEALING PROCEDURES		Voc	No			
# of Hands:	1 – Proper Shuffle		<u>Yes</u>	<u>No</u>			
# of Players:	2 – Proper Cut Used						
Bet Range:	Set Range: 3 – Proper Deck Protection						
Ave. Shuffle Time:	4 – Proper Peek						
# of Mistakes:	5 – Green Between Card	S					
	6 – Spread Players Card						
	7 – Proper Take and Pay	Procedures					
	8 – Clearing Hands, Leav	ing Game					
Comments:							
9							
-							
		Surveillance					
		Jul Vollidi 100					

CUSTOMER COMP LOG

Doto	Nama	Address	Dhone #	Authorizing Employee	Comp Itom	Amount
Date	Name	Address	Phone #	Authorizing Employee	Comp Item	Amount

Player-Supported Jackpot Monthly Reconciliation

Prize Fund:	Month/Year:			
Bank Statement Balance – End of Month		(1)	\$	
Reconciling Items:				
Add Deposits in				
Transit: Date Amount				
) \$			
Less Outstanding Checks: Ck. # Amount				
Total Outstanding Checks (3)	\$			
Other: (4	\$			
Total Recond	eiling Items (2)+(3)+(4)	(5)		
Adjusted Ending Bank Balance (1) – (5)		(6)	\$	*
Ending Balance from Prize Fund Accrual Record (GC2-317)	(7)	\$	*
** Lines (6) and (7) must equal.	Accou Date:	ınting	: <u> </u>	

GC2-362 (Rev. 7/2014)

NOTIFICATION OF ERROR (NOE) LOG

Date	TIS Serial #	Game/Table #	Amount of Error	Date WSGC Notified*
	<u> </u>	<u> </u>	 	<u> </u>

^{*}Licensees must notify us within twenty-four hours of errors of two hundred dollars or more, or if there is a pattern of shortages.

Licensee Name PROGRESSIVE PRIZE FUND ACCRUAL RECORD

Month / Yea	ar:			Prize Fund:				
	n Seed \$ Balance			Prior Mor	nth Balance:			
Date (1)	Prog. Funds Collected (2)		Deposit Amount (4)	Deposit Date (5)	(+/-) Seed \$ (6)	(=) Cumulative Balance of Prog. Fund (7)		
		1						

Ending Balance

WASHINGTON STATE GAMBLING COMMISSION CARD TOURNAMENT SUMMARY

NOTE: This tournament summary must be attached to Daily Card Room Record (GC2-313).

Lic	ense	ee:			Da	ite:
I.	Gro	ss Gambling Re	ceipts	s Con	putation:	
	Α.	Entry Fees Collected			Food & C. Total Tournament Drink Offerings = Entry Fees (1)	
	\$_		-	\$	= \$ <u></u>	:
II.	Tota	al Prizes Awarde	ed:		A. Buy-Ins (2)	
III.	Win	ners List: (Inclu Name	de Wi	inner's	Complete Name, Address, and Zip Code.) <u>Date of Birth</u>	<u>Prize</u>
	1					_\$
	2				<u></u>	_\$
	3					_\$
	4					_\$
	6					_\$
					Total Prizes Awarded (3)	
Sig	ınatu	ıre of Preparer:			Date: _	
(1)		er Tournament Entry			e recorded on <i>Daily Card Room Summary (GC2-313).</i> uy-ins recorded on form GC2-302.	

(3) NOTE: Total prizes awarded must equal or exceed the total buy-ins.

Licensee Name:	

SUMMARY OF PARTICIPANTS, ENTRY FEES, AND BUY-INS

	Entry Fee	Initial	Additional Buy-Ins					Total
Name of Entrant	(3)	Buy-In	1	2	3	4	5	Buy-Ins (1)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
TOTALS	\$	\$	\$	\$	\$	\$	\$	\$

(2)

- (1) Total Buy-ins shall not exceed \$400 per entrant.
- (2) **IMPORTANT:** All buy-ins received must be awarded as prizes to entrants. Total prizes awarded on *Card Tournament Summary* (GC2-301) must be equal to or greater than the total buy-ins received from entrants. See instructions or WAC 230-15-210.
- (3) Entry Fees shall not exceed \$100 per entrant.
- (4) Record Total Entry Fee on Card Tournament Summary (GC2-301).

GC2-302 (Rev. 7/14) Reviewed 5/18

PSJ PRIZE FUND ACCRUAL RECORD

ľ	viontn/ y ear:		Priz	e Fund:		
F	Prior Month Seed\$	Balance:	P	rior Month PSJ	Balance:	
						/ \ 0

Date (1)	PSJ Funds Collected (2)	PSJ Prize - Payouts (3)	Deposit = Amount (4)	Deposit Date (5)	(+/-) Seed \$ (6)	(=) Cumulative Balance of PSJ Fund (7)
		_				

_		
Chim	ılative Total [.]	
	nanve i Olai	

- (2) PSJ Drop minus PSJ Admin. Fee---retrieved from Daily Card Room Record (GC2-313)
- (3) Retrieved from PSJ Winners Record (GC2-318)
- (4) Deposits must be made within two (2) banking days

PSJ WINNERS RECORD

Date	Printed Winner's Full Name	D . (D'.)	Prize Amount	5 (11 1	Initials		
Time		Date of Birth	Check #	Description of Hand	Dealer	Supervisor	Winner

IMPREST BANK SIGN-OUT LOG

Dealer Name	Time Chk Out	Amount of Bank	Table /Bank #	Supervisor Signature	Time Chk In	Amount of Bank	(+/-) Over/Short	Initials	
								Dlr	Sup