

ADMINISTRATION

1) Event Chairman: _____ Phone: _____

2) Is there a co-sponsor? Yes No *If Yes, Who/ What organization?* _____

3) Is another organization involved in planning? Yes No *If Yes, What organization?* _____

Co-planning contact person: _____ Phone: _____

Does this organization have insurance? Yes No

4) Planned Attendance: _____ 5) Estimated Attendance: _____

6) Will there be special construction, alterations or decorations for this event? Yes No *If Yes, Explain in detail:*

7) Has this event been held in the past? Yes No *If Yes, How many times?* _____

8) Have there been any previous claims? Yes No *If Yes, What changes have you made to prevent additional claims?*

9) Will alcoholic beverages be permitted? Yes No *If Yes, Complete the "Alcohol" Section of this checklist*

10) Who (which party) is responsible for security? _____
Organization Name

11) Have the Certificates of Insurance been obtained from vendors?

a. Liquor Legal Liability Yes No N/A

b. General Liability Yes No N/A

12) Has vendor(s) provided proof of liquor license or temporary license for the premises? Yes No N/A

13) Is the Phi Beta Sigma Fraternity named as the additional insured on all certificates from vendors? Yes No N/A

14) Have applicable permits and permission been obtained from authorities?

a. College/ University Yes No N/A

b. Fund Raiser Yes No N/A

15) Has any written contract or agreement been signed for any part of this special event? Yes No N/A

16) Have you received any correspondence requesting proof of insurance for the event? Yes No N/A

NOTE: *If yes is answered to questions 11, 12, 13, 15 or 16 a copy must be submitted with this form!*

ADDITIONAL INSURED

1) Name/ Company Name: _____

Address: _____

2) Reason for adding Additional Insured: _____

SECURITY

- 1) **Type of Security: (Select all that apply)** Paid Public Police Private Police Other: _____
- 2) **Is there a security guard?** Yes No N/A
- 3) **Will security guard check for weapons?** Yes No N/A
- 4) **Are security personnel/ monitors trained on preventing illegal drug use?** Yes No N/A
- 5) **Are security personnel/ monitors trained on preventing disorderly conduct or hazing activity?** Yes No N/A
- 6) **Are participants hand stamped if they want to leave and return to the event?** Yes No N/A
- 7) **Is smoking permitted at the event?** Yes No N/A
If yes, is there a designated smoking area? Yes No N/A
- 8) **Has event facility been inspected to ensure compliance with applicable federal, state and local safety and fire codes?**
 Yes No N/A
- 9) **Are participants informed of emergency evacuation routes?** Yes No N/A
- 10) **Is there at least one well lit entrance that is controlled and monitored?** Yes No N/A
- 11) **Are security personnel/ monitors trained on preventing sexual abuse and harassment?** Yes No N/A

ALCOHOL

- 1) **Are security personnel, monitors, bar workers and/ or vendors trained on how to deal with intoxicated participants?**
 Yes No N/A
- 2) **Is there a clear method being used to identify participants who are under the legal drinking age?** Yes No N/A
- 3) **Are security participant providing ID upon entry to the event?** Yes No N/A
- 4) **Are participants who are bringing alcoholic beverages being identified for alcohol type and quantity upon entry?**
 Yes No N/A
- 5) **Will intoxicated participants be served alcohol by bar workers?** Yes No N/A
- 6) **Is there only one central location where alcohol and food is being served?** Yes No N/A
- 7) **Is there a guest and/or member list being used at the door?** Yes No N/A
- 8) **Are food and alternative non-alcoholic beverages available, visible and easily accessible?** Yes No N/A
- 9) **Is there an event policy for confiscating keys from intoxicated guests that will be implemented?** Yes No N/A

NOTE: You **MUST** stop allowing the consumption of alcohol at least one hour prior the end of the event

TRANSPORTATION

- 1) **Is transportation (taxi, Safe Rides, etc.) available for guests who need or request it?** Yes No N/A

The undersigned have read and understand the requirements as outlined in this checklist:

_____	_____	_____
Event Chairman	Signature	Date
_____	_____	_____
Chapter Advisor (Collegiate Chapters Only)	Signature	Date
_____	_____	_____
Chapter Representative	Signature	Date
_____	_____	_____
Chapter Representative	Signature	Date
_____	_____	_____
Chapter Representative	Signature	Date
_____	_____	_____
Chapter Representative	Signature	Date