PI KAPPA PHI JOURNEY

RISK REDUCTION CHECKLIST

The Risk Reduction Checklist is a document to be utilized at the chapter level by Social Chairman/Risk Management Chairman and the Archon to assist in reducing risks for events **where alcohol is present.**

Once the chapter has utilized the Social Event Planning Guide (available on the Pi Kappa Phi website) to develop written risk management procedures, the Risk Reduction Checklist should be utilized by the Social Chairman/Risk Management Chairman to further reduce risk. The Archon should receive the completed checklist 14 days prior to the scheduled event and review it to verify that a safe event has been planned.

The Archon should contact the Fraternity/Sorority Life Advisor (or appropriate campus resource), Chapter Advisor, Leadership Consultant, or Director of Prevention Education with any questions or concerns related to the Risk Reduction Checklist.

Do you have questions about the Risk Reduction Checklist? Need help with event planning or have questions about risk management?

CONTACT:

Grant Parker
Director of Harm Reduction
gparker@pikapp.org
704.502.1921

Chapter:	**Name of Person Planning Event:**
Name of Event:	**Date of Event:**
Event Location: # of Miles from Campus:	**Number of People Attending Event:** Members:　　　Guests:　　　Dates:　　　Alumni:
Start Time of Event:	**End Time of Event:**

After ensuring the event complies with ALL portions of Pi Kappa Phi's Risk Management Policy, answer the following questions:

Is written permission required by the university to have this event?　　　　Yes　　No

　　　If YES, date form was completed and submitted: _____

Is the event co-sponsored with another fraternity/sorority?　　　　Yes　　No

　　　If YES, list the organizations and answer the questions below:

　　　　　　Do all organizations have insurance?　　　　　　　　　　Yes　　No
　　　　　　Do all organizations appear on all contracts?　　　　　　Yes　　No
　　　　　　Have representatives from all organizations met to establish event plans?　Yes　　No

　　　Remember, the event must comply with the alcohol/risk management policies of ALL co-sponsoring organizations.

Will there by any special construction, alterations, or decorations for the event?　　　　Yes　　No

　　　If YES, explains in detail:

Identify all vendors that will be used for this event. (check all that apply)

☐ Food	☐ Caterer	☐ Security Guards	☐ Bus Company
☐ Cash Bar	☐ Bartenders	☐ DJ	☐ Band
☐ Other:			

How will alcoholic beverages be available to members and guests?
☐ Licensed Third Part Vendor (see Event Contract & Third Party Vendor Checklist)
☐ BYOB (by individual attendees)

How will admission to the event be controlled?
☐ Guest List
☐ Unique/Numbered Ticket System

If BYOB, describe the alcohol check-in procedure to be used for the event:

Will chapter members serves as sober monitors?   Yes   No

If YES, how many?
Pi Kappa Phi recommends at least one monitor for every 10-15 guests, with a minimum of five sober monitors.

What is the method of service for alcoholic beverages?
☐ Licensed Bartenders
☐ Alumni Members
☐ Event Sponsors Who Are of Legal Age
☐ Other (explain in detail):

What methods will be used to limit individual consumption of alcohol?

☐ Licensed Bartender Discretion	☐ BYOB: limited to bringing _____ alcoholic beverages
☐ Ticket System	☐ Punch Card System
☐ Other (explain in detail):	☐ Liquor Containers and Flasks NOT Allowed

How will the verification of legal drinking age be accomplished?

☐ By Chapter Members at Entrance of Event (BYOB Event Only)	☐ By Security Guard at Entrance of Event
	☐ ID Checked at the Bar Each Time
☐ By Licensed Bartender for Each Purchase (Third Party Vendor Event Only)	☐ Non-Transferable Hand Stamp
	☐ Non-Removable Wristband

Are glass bottle prohibited?   Yes   No

Will ample non-alcoholic beverages be provided without charge at the event?   Yes   No

Will ample (non-salty) food be provided without charge at the event?   Yes   No

**To further reduce risks, the service of alcohol should stop AT LEAST one hour before the event ends.
Have you made provisions for this to occur?**   Yes   No

Will alternative transportation be provided?   Yes   No

If YES, what kind?

☐ University bus system/safe ride program	☐ Public transportation
☐ Taxi cab service	☐ Designated driver program
☐ Other (explain in detail):	

_____   _____
Name of Person Complete Form   Signature

_____   _____
Date Completed   Date Submitted to Archon