

RISK REDUCTION CHECKLIST

The Risk Reduction Checklist is a document to be utilized at the chapter level by the 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 <u>Pi Kappa Phi website</u>) 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

Prevention Team prevacct@pikapp.org (980) 318-5757

Chapter:	Name of Person Planning Event:					
Name of Event:	Date of Event:					
Event Location:	Number of People	Attending	Event:			
# of Miles from Campus:	Members:	Guests:		ates:	Alumni:	
Start Time of Event:	End Time of Even	t:				
After ensuring the event complies with ALL portions of Pi Kappa Phi's R	isk Management Po	<mark>licy</mark> , answer	the follo	owing que	stions:	
Is written permission required by the university to have this event?				Yes	No	
If YES, date form was completed and submitted:				V.	NI.	
Is the event co-sponsored with another fraternity/sorority? If YES, list the organizations and answer the questions below:				Yes	No	
Do all organizations have insurance? Do all organizations appear on all contracts? Have representatives from all organizations met to esta	ablish event plans?	Yes Yes Yes	No No No			
Remember, the event must comply with the alcohol/risk manage	ement policies of AL	L co-sponsoi	ring orga	nizations.		
Will there by any special construction, alterations or decorations for the If YES, explain in detail:	e event?			Yes	No	
Identify all vendors that will be used for this event. (check all that apply Food Caterer Cash bar Bartenders Other:	y) Security gua DJ	<u>ards</u>		□ Bus	Company ad	

HOW WILL	aico	notic beverages be available to members and gu	ests:							
		Licensed third-party vendor (see Event Contract & BYOB (by individual attendees)	t Third Party	Vend	dor Checklist)					
How will	adm	ission to the event be controlled?								
		Guest list								
		Unique/numbered ticket system								
If BYOB, o	desc	ribe the alcohol check-in procedure to be used f	or the event	:						
Will chap	ter r	members serve as sober monitors?			Yes	No				
		ES, how many? appa Phi recommends at least one monitor for eve	ery 10-15 gue:	sts, v	with a minimum of five sober mo	nitors.				
What is tl	he m	nethod of service for alcoholic beverages?								
		Licensed bartenders								
		Alumni members								
		Event sponsors who are of legal age								
		Other (explain in detail):								
What met	thod	s will be used to limit individual consumption of	alcohol?							
		Licensed bartender discretion			BYOB: limited to bringing	_ alcoholic b	everages			
		Ticket system			Punch card system					
		Other (explain in detail):			Liquor containers and flasks NC	T allowed				
How will	the '	verification of legal drinking age be accomplishe	d?							
		By Chapter Members at Entrance of Event			By security guard at entrance of	of event				
		(BYOB Event Only)			ID checked at the bar each tim	e				
		By Licensed Bartender for Each Purchase			Non-transferable hand stamp					
		(Third Party Vendor Event Only)			Non-removable wristband					
Are glass	bott	cles prohibited?				Yes	No			
Will ampl	e no	n-alcoholic beverages be provided without char	ge at the eve	nt?		Yes	No			
Will ampl	e (n	on-salty) food be provided without charge at the	event?			Yes	No			
To furthe	r re	duce risks, the service of alcohol should stop AT	LEAST one h	our l	before the event ends.					
Have you	mad	de provisions for this to occur?				Yes	No			
Will alter	nati	ve transportation be provided?				Yes	No			
	If YE	ES, what kind?								
		University bus system/safe ride program		П	Public transportation					
		Taxi cab service			Designated driver program					
		Other (explain in detail):								
		· •								
Name of p	oerso	on who completed form		Sig	gnature					
Date completed					Date submitted to archon					