

SIGMA TAU GAMMA

SPECIAL EVENT CHECKLIST

PLEASE TYPE OR PRINT LEGIBLY

Chapter Name: _____ Chapter Number: _____

Graduate Undergrad

Purpose of Event: _____ Location of Event: _____

Date(s): _____ Location Address: _____

City

State Zip

EVENT ACTIVITIES

Type of event and details: _____

Athletic Event? Yes No If yes, waivers are needed for each participant.

ADMINISTRATION

1. Event Chairman: Name: _____ Phone #: _____

2. Is there a co-sponsor? Yes No If Yes, who? _____

3. Is a sorority involved in planning or working the event? Yes No

If Yes, name of sorority and person in charge. _____

Does the sorority have insurance? Yes No

4. Planned Attendance: _____

5. Estimated Attendance: _____

6. Will there be a special construction, alterations or decorations for this event? Yes No

If yes explain: _____

7. Has this event been held in the past? Yes No How many times? _____

8. Have there been any previous claims? Yes No

If so, explain in detail what changes you have made to prevent additional claims:

9. Will alcohol beverages be permitted? Yes No If yes, refer to "Alcohol" section.



10. Who is responsible for security? _____

11. Are Certificates of Insurance obtained from vendors?*

A. Liquor Legal Liability Yes No

B. General Liability Yes No

12. Has vendor(s) provided proof of liquor license and temporary license to see on premises?*

Yes No

13. Is the fraternity named as an additional insured on all certificates from vendors?*

Yes No

14. Have applicable permits and permission been obtained from authorities:

A. College/University Yes No

B. Fund Raiser Yes No

15. Has any written contract or agreement been signed for any part of this special event?*

Yes No

16. Have you received any correspondence requesting proof of insurance for the event?*

Yes No

***NOTE :** If yes is answered to questions 11, 12, 13, 15 or 16 a copy should be reviewed by an advisor!

ADDITIONAL INSUREDS

1. Name, Address, city, state and zip code of any Additional Insured to be added to the National policy:

2. Reason for adding Additional Insured: _____

NOTE: If event requires additional insured Additional Insured Request Form must also be completed.

SECURITY

1. Type of security consists of: (If combination, please select which two make up the combination)

Public Police Private Police Combination Paid

2. Is there a security guard? Yes No

3. Does security guard check for weapons? Yes No

4. Are security personnel trained on preventing illegal drug use? Yes No

5. Are monitors and security personnel trained on preventing disorderly conduct or hazing?

Yes No

6. Are members or guests hands stamped if they want to leave and return to party?

Yes No

7. Is smoking permitted at event?

Yes No

8. If yes, is there a designated smoking area?

Yes No



9. Has event facility been inspected to ensure that it complies with applicable federal, state and local safety and fire codes?
Yes No
10. Are guests and members informed of emergency evacuation routes?
Yes No
11. Is there one well lit entrance that is controlled and monitored?
Yes No
12. Are security personnel and/or monitors trained on preventing sexual abuse and harassment?YesNo

ALCOHOL

-
1. Are security personnel, monitors, bar workers and/or vendors trained on how to deal with intoxicated guests and members?
Yes No
2. Are wrist bands or other method provided for designating those who are not of legal drinking age?Yes
No
3. Are all who are allowed to enter presenting I.D.?
Yes No
4. Are those bringing alcoholic beverages given a punch card showing alcoholic quantity and type?Yes
No
5. Will intoxicated guest or members be served alcohol by bar workers?
Yes No
6. Is there only one centralized location where alcohol and food are being served?
Yes No
7. Is there a guest and member list at the door?
Yes No
8. Are food and alternative non-alcoholic beverages available, visible and easily accessible?
Yes No
9. Do you have a policy on confiscating keys from intoxicated guests?
Yes No

YOU MUST STOP ALLOWING THE CONSUMPTION OF ALCOHOL AT LEAST ONE HOUR BEFORE EVENT ENDS.



TRANSPORTATION

1. Is transportation (taxi, Safe Rides etc) available for guests who need or request it?

Yes No

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

Chapter President: _____ Signed: _____ Date _____

Event Chairman: _____ Signed: _____ Date _____

Alumnus Advisor: _____ Signed: _____ Date: _____

DISCLAIMER

This questionnaire is being used to assist the chapter in having a safe event.

DID YOU REMEMBER TO?

- ✓ Complete the form in total
- ✓ Get all parties noted above to review and obtain required signatures
- ✓ Submit Additional Insured request form to National Fraternity if needed

