Alcohol Observation Form

Name(s) of Sponsoring Chapter(s)
1.  
2.  
3.  
4.  

Date of Event:_____________________  Time of Event:_________________

Location of Event:_________________________________________________________

Type of Event:____________________________________________________________

Observation Checklist: 

Time In: __ __: __ __            Time Out: __ __: __ __

Is there an accurate guest list included with party registration                         Yes____ No____

If someone was walking down the street, would they be able to                          Yes____ No____
tell that a party was going on at ____________ chapter house?
If yes, how: (i.e. loud music, people on porch, etc)

Are members/guests of legal age (21) wearing wristbands by                          Yes____ No____
state issued drivers license?  If not using wristbands,
what is being used for identification:

Is there a list of designated drivers and their contact numbers posted?                  Yes____ No____

Do officers and bartenders have a list?                            Yes____ No____

Is there alternative beverage present? What is it?_________________             Yes____  No____

Is food present? What is it? __________________________________                Yes____ No____

Is the alcohol in a centralized location and inaccessible by guests?             Yes____ No____
If not, where is it located:

Is there a designated individual(s) distributing the alcohol?             Yes____ No____
If not, how is it being distributed?

Are all fire exits clearly marked?                Yes____ No____

Other observations or comments: