

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 tell that a party was going on at _____ chapter house? Yes ___ No ___

If yes, how: (i.e. loud music, people on porch, etc)

Are members/guests of legal age (21) wearing wristbands by state issued drivers license? If not using wristbands, what is being used for identification: Yes ___ No ___

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:
