Event Auditing Form

Chapter: ______________________________________________________ Date: ____________

Event Type (Please Circle)

<table>
<thead>
<tr>
<th>Catered</th>
<th>Standard</th>
<th>After-Hours</th>
<th>Recruitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large</td>
<td>Philanthropy</td>
<td>Outdoor</td>
<td>Slope Day</td>
</tr>
</tbody>
</table>

Time: ______________

Door Monitoring
- Is there a sense of order and control at the entrance? [Yes] [No]
- Is the chapter checking guests with ID scanners? [Yes] [No]
- Is the chapter properly identifying those who are over 21? [Yes] [No]
- Are there freshman at the event? [Yes] [No]
- Is there a guest list at the entrance? [Yes] [No]

Security Plan
- Is the event over or under 250 people or their building capacity? [Under] [Over]
- Is the event being restricted to common rooms and large open spaces? [Yes] [No]
- Is the chapter responsibly adhering to their security plan? [Yes] [No]
- How many Sober Monitors are present? ____________

Bar Monitoring
- Is the chapter making reasonable efforts to prevent underage drinking? [Yes] [No]
- Is the chapter responsibly monitoring the intake of alcohol by its guests? [Yes] [No]
- Is the chapter adhering to the ban on kegs and hard alcohol? [Yes] [No]
- Is the chapter adhering to the ban on rapid consumption and drinking games? [Yes] [No]
- Is there equal access to non-alcoholic refreshments? [Yes] [No]
- Is the chapter adhering to the Service Distribution Center expectations? [Yes] [No]

Additional Comments (completed by Security)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

______________________________  ________________________________
Security                          Chapter Officer in Charge