**Sorority & Fraternity Life**

**Ohio Union**

**Chapter Risk Management Plan**

*This Chapter Risk Management Plan must be filled out and submitted to the Program Coordinator for Greek Housing each semester. Once the form is submitted the Chapter President, Social Chair, and Risk Management Chair from the chapter will be asked to meet with the Program Coordinator for Greek Housing to go over and discuss the Plan. Another meeting will be set up at the end of the semester to evaluate the effectiveness of the plan and make changes if necessary for the following semester.*

Chapter Name: Click here to enter text.

Primary Contact: Click here to enter text.

 (Name, Phone, Email)

**Where is the party occurring in the chapter house:** Click here to enter text.

**Are there any areas that are prohibited to guests and if so how these are monitored** *(i.e. porch, roof, etc):*

Click here to enter text.

**Are members able to have guests in their room during the party:** [ ]  Yes [ ]  No

**If members are able to have guests than how will the chapter prohibit inappropriate activities in the rooms** *(such as drinking liquor, or underage drinking*): Click here to enter text.

**What practices are in place to contain the party while not violating fire code** *(i.e. orange fencing):* Click here to enter text.

**What is the maximum occupancy of your facility** *(make sure to include chapter members when determining how many people can attend the party in regards to max occupancy):*Click here to enter text.

**How will you ensure that your party doesn’t go over maximum occupancy:** Click here to enter text.

**What signage you will have posted during your event:**

[ ]  Drinking Age

[ ]  Right to Refuse Entrance

[ ]  Right to Revoke Invitation at the discretion of sober monitors

[ ]  Taxi Service Information

[ ]  Other Click here to enter text.

**Agency providing security:**

[ ]  Columbus Police [ ]  Private Company [ ]  None [ ]  Other: Click here to enter text.

**Who will ask for I.D.s at the door:**

[ ]  Hired Security [ ]  Vendor [ ]  Fraternity Officers [ ]  Other: Click here to enter text.

**Will an advisor be present at the party:** [ ] Yes [ ] No

**Who will be monitoring the guest list to make sure that people don’t enter the facility that aren’t on it:** Click here to enter text.

**Other than X’s on guests’ hands what will be done to ensure that there is no alcohol consumption by those under 21:** Click here to enter text.

**How will it be ensured that guests who are visibly intoxicated are not let into the event even if they are on the list:** Click here to enter text.

**Number of sober monitors that will be present for each event** *(there should be approx. 1 sober monitor/10attendees)***:** Click here to enter text.

**Will any of these sober monitors be chapter officers:** [ ] Yes [ ] No

**Where is a medical kit kept at your facility:** Click here to enter text.

**Do sober monitors know where these kits are kept:** [ ] Yes [ ]  No

**If not, how will you educate them as to where they are kept:** Click here to enter text.

**Will you have significant non-salty food available:** Click here to enter text.

**What food will be available and how much:** Click here to enter text.

**How are you ensuring that guests only bring the allowed 6 pack of beer or wine coolers:** Click here to enter text.

**How will you ensure that guests aren’t sharing their alcohol with others:** Click here to enter text.

**What is your system for giving the alcohol out to the appropriate guest**: Click here to enter text.

**Is there emergency information available to chapter members if an incident should arise:** [ ]  Yes [ ]  No

**What emergency information do you provide to the chapter:** Click here to enter text.

**What are the steps that would be taken if an incident would arise:**

*(i.e. report to police, notify advisor, etc).*

*1.*Click here to enter text.

*2.*Click here to enter text.

*3.*Click here to enter text.

*4.*Click here to enter text.

**Do your chapter members know when to get help for a guest that may need it as a result of drinking too much** *(i.e. signs of alcohol poisoning)* **and how will you provide this education:** Click here to enter text.

**What are the consequences if a chapter member is not acting appropriately or violates one of the expectations of the social event:** Click here to enter text.

**Is there a time in which alcohol will stop being distributed**: Click here to enter text.

**What time will the guests be asked to leave:** Click here to enter text.

**How will guests exit your facility:** Click here to enter text.

**Is your chapter aware of all Social Host Liability Laws:** [ ]  Yes [ ]  No

**Is your chapter aware of all FIPG policies:** [ ]  Yes [ ]  No

**Is your chapter aware of University policies regarding alcohol:** [ ] Yes [ ] No

**Other ideas that your chapter will utilize to manage risk during parties:**

[ ] Wristbands given to members of the chapter to identify who is a part of the hosting organization

[ ] Year of the guest to ensure over 21

[ ] Other:Click here to enter text.

**Please provide a map of the venue with the following information:**

[ ]  Point of Entry

[ ]  Location of bar, non-alcoholic beverages and food

[ ]  Evacuation Plan

[ ]  Fire code limit in each “sub-area” of the facility

[ ]  Location of entertainment

[ ]  Location of security (if any)

[ ]  Modification to grounds (i.e. fences)

*I have read, discussed and plan to implement all of these procedures for each party that we hold in our facility. I also do understand that I still need to submit a Social Registration Form with Sorority & Fraternity Life for each event that the chapter is participating in or hosting. We affirm that this plan and the attached documentation are true, correct and complete. We accept all responsibility for enforcing the Plan, International Headquarters policies, University policies, city ordinances, fire codes, and the laws of the State of Ohio.*

**Required Signatures of Chapter:**

**Social Chair**: Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

 (Print name) (Signature) (Date)

**Chapter President**: Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

 (Print name) (Signature) (Date)

**Chapter Advisor**: Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

 (Print name) (Signature) (Date)