

# Office of Greek Life Nicholls State University

## Risk Management Checklist- FIPG form

All items on this list must be completed.

If you see a violation of any of the following statements, note your observation on the back of the form. Inform the chapter's president of your observations or comments.

This form must be turned into the Office of Greek Life 24 hours following the event (or the next business day of the university).

Contact the office at 985-448-4527 or [chelsea.jackson@nicholls.edu](mailto:chelsea.jackson@nicholls.edu) for more information.

**Fraternity/Sorority Chapter:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Date of event:** \_\_\_\_\_

- Party guests are drinking 12 oz. beer/wine coolers.
- Party guests are NOT drinking out of "squeeze" bottles.
- All guests at the event are on the pre-printed invitation guest list with specific names of all non-members who have been invited. (A group invitation or box of invitations to an entire sorority or open to the entire Greek system, for example, is still considered "open parties.")
- Chapter has monitors at the door.
- Entrance is well-lit.
- Monitors check to see if those entering are either members or are on the invitation guest list.
- Members and guests with alcohol are required to show proof of legal drinking age (picture ID with birth date).
- Guests' names are checked off the guest list once he/she has entered the event.
- Hired/provided security guards are present, in addition to members, serving as monitors.
- Members and guests who are of legal drinking age are wearing wristbands and members/guests not wearing a wristband are NOT possessing or consuming alcohol.
- Members/guests not able to provide proof of legal drinking age are NOT possessing or consuming alcohol.
- Monitors have NOT been drinking and/or are NOT currently drinking.
- The locations of the event is fully licensed to serve alcohol.

As Risk Manager/FIPG representative for the above stated event, I declare that the statements made on this form are accurate.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete second page, if applicable.**



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Nicholls State University