It is mandatory to complete this form following every event with alcohol. This form is to be completed at the end of the event, placed in the envelope provided, and placed back into the Undergraduate Event w/Alcohol Packet. You may talk over some questions with the Responsible Contacts, but each party should fill out the evaluation separately.

Sponsoring Organization(s): __________________________________________________

Today’s Date: ________________________

Name of Event: _____________________________ Brief Description: ____________________________________________________

Date of Event: __________   Time: _______ am/pm to ______ am/pm (events must end by 2am)  Location: ____________________________________________

Head Guard:                     Guard #2:

Guard #3:                     Guard #4:

Guard #5:                     Guard #6:

EVENT BEGINNING AND IDENTIFICATION/GUESTS

A.  What was the actual start time of the event?    Time:__________    PM    AM

B.  Did the sponsoring organization check for WASH U ID and state identification?  YES   NO

C.  Were non-Wash U guests admitted?  YES    NO    How Many? ______

D.  Did sponsoring organization have and utilize a sign-in sheet for guests?  (please return with this evaluation) YES    NO

E.  Were over-21 guests given a colored wristband affixed by security staff?  YES    NO

F.  What is your best estimate of attendance at the event? __________

FOOD & ALCOHOL

(please attach an event diagram that shows location of various questions below)

A.  Was there one location designated for distribution of alcohol and a separate location for food? (attach event diagram)  YES    NO

B.  Were attendees without colored wristbands drinking alcohol?  YES    NO

C.  Were there any common sources of alcohol (ie, keg, punch)  YES    NO

D.  Did there appear to be hard-alcohol?  YES    NO

E.  Was alcohol consumed beyond the designated borders of the event?  YES    NO

F.  Were substantial food and non-alcoholic beverages readily available throughout the event?  YES    NO

RESPONSIBLE CONTACTS / OFFICERS

A.  Did all security staff meet/introduce themselves to all Responsible Contacts?  YES    NO

B.  Were security and Responsible Contacts present at the start of the event and available throughout?  YES    NO

C.  Did Responsible Contacts comply with guard / police requests?  YES    NO

D.  Were the Responsible Contacts drinking alcohol at any time during the event?  YES    NO

E.  Did the requested number of security staff work?    Time arrived: _____    Time Departed: ______  YES    NO

F.  Was it ever necessary for you to request assistance from the Responsible Contacts?  YES    NO

If yes please describe:____________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

PLEASE CONTINUE EVALUATION ON BACK OF FORM
Venue/Location
A. Were there multiple events (separate from this one) happening at this location? YES NO
B. Was the venue space contained (clear access points/boundaries)? YES NO
C. Was the number of security staff requested adequate for this location? YES NO
D. Were there any issues related to the venue/location itself (size, access points, etc) YES NO
   If so, please describe: ____________________________
E. Off-campus only - Did the venue management approach you with any issues? YES NO
   If so, please describe: ____________________________

EVENTS WITH BUSES (if no buses used, please skip this section)
A. Was there a Responsible Contact present the entire time buses were running? YES NO
B. Did you have a system in place for loading/unloading the buses? YES NO
C. Were there any issues on the buses? YES NO
D. Were there any issues at the drop-off/pick-up location? YES NO
E. If yes to either of the last two questions, please explain: ____________________________________________

GENERAL EVENT MANAGEMENT
A. Were there any issues ending the event at the proper time? YES NO
B. Were any noise complaints received during the event? YES NO
C. Did the organization clean up trash, debris, etc at location? YES NO
D. Was emergency medical assistance needed during the event? YES NO
   If so, please explain: ____________________________
E. Where any fake ID’s discovered at this event? YES NO
F. Were there any unusual situations that came up during the event? YES NO
   If so, please explain: ____________________________

OVERALL EVENT EXPERIENCE
Please rank the following areas on a scale of 1 – 5 (1 being Strongly Disagree, 5 being Strongly Agree) based on the event as a whole (pre-meeting through clean-up):

| Security staff were responsive and cooperative | 1 | 2 | 3 | 4 | 5 | n/a |
| The loading/unloading of the bus went as planned | 1 | 2 | 3 | 4 | 5 | n/a |
| The venue/location was well suited for this event | 1 | 2 | 3 | 4 | 5 |
| Would you recommend this location for future events similar to this | 1 | 2 | 3 | 4 | 5 |
| Overall, the event was successful | 1 | 2 | 3 | 4 | 5 |

ADDITIONAL COMMENTS:
Is there anything else that Campus Life should be aware of or that you would like us to follow-up on?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________