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 Undergraduate Event w/Alcohol Packet. You may talk over some questions with security, 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: _________________________

<table>
<thead>
<tr>
<th>Responsible Contact #1:</th>
<th>Responsible Contact #2:</th>
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<tbody>
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<thead>
<tr>
<th>Responsible Contact #3:</th>
<th>Responsible Contact #4:</th>
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<thead>
<tr>
<th>Responsible Contact #5:</th>
<th>Responsible Contact #6:</th>
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**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 WUPD/Guards? YES NO

If yes please describe: ________________________________________________________________

G. Recommendations for individual security staff members:

Yes, use again:(names) ______________________________________________________________

No, do not use:(names) ______________________________________________________________

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 your 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):

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security staff were responsive and cooperative</td>
<td></td>
<td></td>
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<tr>
<td>The loading/unloading of the bus went as planned</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The venue/location was well suited for this event</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Would you recommend this location for future events similar to this</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Overall, the event was successful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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