PROFESSIONAL CHARTER, RITUAL & REGALIA INSPECTION (PCRRI) REPORT

TAB to next FILL-IN or DROP-DOWN FIELD

Email this **COMPLETED** form to your District Counselor and to:
reports@alphachisigma.org

CHAPTER: _____
Name of person completing form:_____
Email:_____

CHARTER
Normal Display Location of Charter:

_____
Condition of Charter:

_____

RITUAL
Storage location:

_____

Ritual Copy #:
Part 13
Part 14 (Meeting opening / close)

REGALIA
Storage location:

_____

DATE OF LAST DRY CLEANING: _____
DATE INSPECTED:

PART 13A/D
Robe, blue & gold
Hood, blue & gold
Brass Headband

PART 13B
Robe (inner), light gray w/long sleeves -Poor Condition
White wig & beard
_____ # of Transmutation tokens* (supplied by chapter)

PART 13E

_ Black Alt. robe

CONDITION RATING CODES:
E = Excellent, like new
G = Good, slightly worn, but still attractive
U = Useable, but fairly worn
R = Unusable, very worn (National Office expense)
M = Missing (Chapter expense)
X = Unusable by neglect (Chapter expense)

* Is not supplied by the National Office