

**Delta Sigma Theta Sorority
Emergency Response Team Task Force
Disaster Situation Report Form (SITREP)**



PREPARED BY:	REGION:	DATE OF EVENT:
NAME OF EVENT:	STATE:	REPORT NUMBER:

National Headquarters notified: _____

I. The Disaster									
<p>A. Type Disaster: (Circle one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Hurricane</td> <td style="width: 33%;">Earthquake</td> <td style="width: 33%;">Chemical explosion or spill</td> </tr> <tr> <td>Tornado</td> <td>Flood</td> <td>Other (specify)</td> </tr> <tr> <td>Drought</td> <td>Landslide</td> <td></td> </tr> </table>	Hurricane	Earthquake	Chemical explosion or spill	Tornado	Flood	Other (specify)	Drought	Landslide	
Hurricane	Earthquake	Chemical explosion or spill							
Tornado	Flood	Other (specify)							
Drought	Landslide								
<p>B. Briefly describe the disaster:</p> <p>_____</p>									
<p>C. Geographic areas and locations impacted (districts, towns, neighborhoods):</p> <p>_____</p>									
II. Disaster Impacts/Effects									
<p>A. Approximately how many sorors are affected?</p>									
<p>B. Approximately how many sorors are displaced or evacuated?</p>									
<p>C. Approximately how many households or dwellings have been completely destroyed?</p>									
<p>D. Approximately how many households or dwellings have been partially damaged but not completely destroyed?</p>									
III. Local Financial, Material and Human Resources									
<p>A. What resources does the local population have for responding to this disaster and how might the resources be used?</p>									

LOCAL CAPACITY OR RESOURCE	SUGGESTIONS FOR USE
(I.e. Local neighborhood association volunteer group)	Prepare and serve food for displaced

B. What storage facilities are available locally for immediate use?

C. What is the availability, location and condition of roads or airports?

IV. Immediate Needs

A. Has a detailed needs assessment been carried out?
Describe the unmet needs in shelter, water, food, household supplies (clothes, blankets, etc) and health (medical supplies, equipment). Quantify and qualify the targeted needs (i.e., # adults and # children need food and other necessities for next # days.)

B. Who carried out needs assessment? Please state chapter(s) name(s) and point of contact.

C. What is needed immediately and who will supply? Please check boxes as appropriate

ITEM	QUANTITY NEEDED	SORORS	GOVERNMENT	RED CROSS

V. Longer-Term Needs

D. What will be needed in the longer-term and who will supply?				
ITEM	QUANTITY NEEDED	SORORS	GOVERNMENT	RED CROSS

E. Where may sorors send supplies or financial assistance?

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