CRISIS MANAGEMENT PLAN
(MUST be submitted at Social/Risk Management Training)

Chapter: ________________________________  Semester: ___________

It is an unfortunate reality that a serious injury, loss of life, major property loss, or criminal activity may occur in a chapter. Events of this nature grievously impact not only on the chapter, but also effect the Florida Greek community, the UF community, the families and friends of members, and the (inter)national organization.

If an event of a disastrous nature should occur, the chapter must be prepared to respond quickly and appropriately. Attached you will find a copy of Sorority and Fraternity Affairs’ suggested Crisis Management Plan. Chapters should complete this page and submit it to Sorority & Fraternity Affairs at Social/Risk Management Training. A copy of this policy should be kept in an easily accessible place and distributed to all chapter officers.

1. WHO IS IN CHARGE DURING AN EMERGENCY / CRISIS?
   Be certain that each person in your chapter knows that the president is in command of every emergency situation involving a crisis, serious injury or death. In the absence of the president, have a ranking order of officers established and be sure they know where to find this written procedure. If your chapter has a house, be sure that your House Director is aware of these procedures.

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<th>OFFICER</th>
<th>NAME</th>
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<td>1.</td>
<td>President:</td>
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2. EMERGENCY PHONE CALLS TO MAKE, AND NUMBERS
   You need to make several phone calls immediately. Briefly and calmly explain the situation so that appropriate emergency personnel (police, fire, ambulance) can respond.

   1st: UPD emergency number: 392-1111
       Gainesville or Alachua County Sherriff’s Office: 911
       Do not hesitate to call UPD/GPD/ASO for quick response, regardless of the situation.

   2nd: Chapter Officials
        Chapter Advisor
        Home: __________________
        Cell: __________________
        House Director
        Home: __________________
        Cell: __________________

   3rd: Council Advisor
        Cell: __________________

3. EXECUTE THE CHAPTER’S CRISIS MANAGEMENT PLAN

   Chapter President (print)  Chapter President’s signature  Date
   __________________________  ____________________________  ___________

   Chapter Advisor (print)  Chapter Advisor’s signature  Date
   __________________________  ____________________________  ___________