

PALM BEACH STATE COLLEGE

PRE-STORM BUILDING CHECKLIST

Date: _____ Name of Storm: _____ Campus: Pre-filled

Staff Name: _____

		Initial When Completed
• Check gutters, remove obstructions from roofs	All Buildings	
• Ensure all windows are shut and latched	All Buildings	
• Secure all building doors, interior and exterior	All Buildings	
√ Secure smoke hatches & lock down roof hatches	Pre-filled – Campus specific	
√ Lock elevators at top floor with door closed	Pre-filled – Campus specific	
√ Install shutters on designated areas	Pre-filled – Campus specific	
√ Sandbag identified areas	Pre-filled – Campus specific	

Additional Comments

SUBMIT COMPLETED CHECKLIST TO PLANT SUPERVISOR

PALM BEACH STATE COLLEGE
CAMPUS: LAKE WORTH
PRE-STORM CHECKLIST-ITEM LOCATION

Smoke/Roof Hatches

<u>Building#</u>	<u>Location</u>
1. AU131	Mechanical room and stage fly loft 2 nd floor
2. ITA118	Janitor Closet Rm#203
3. LL 113	Mechanical Rm Room#308
4. AD111	East Corner Rm#212
5. TC117	South Tower -South Stairway
6. ETA128	North Stair Tower or Elevator
7. ETB138	Mechanical Rm#108
8. ETC148	Mechanical Rm#110 and ETC Rm#112
9. ETD158	Diesel 102.4 and Material Storage Rm#107.2
10. AH208	West Stairway 2 nd floor
11. TE230	NE Mechanical 2 nd floor
12. PD201	President's Dining Rm – Mechanical Room
13. SS132	2 nd Floor – Mechanical Room
14. DW335	District Warehouse Mechanical Room

Elevators

1. ETD158	Main lobby Rm#111
2. HU120	Main lobby Rm#106
3. AD111	SE exterior Rm#213
4. LL113	Internal LL106.1 - external, south entrance to Library 1 st floor
5. TC117	Main lobby Rm#100.1
6. BA112	Exterior North Rm#116
7. ETA128	Main lobby Rm#134
8. SS132	West end of lobby

Shutters

1. ETA128	Exterior Rm# 131.2 Penthouse Rm# 301
2. TL116	North & South Exposures Rm# 302
3. FD 235	All window openings
4. FC135	All window openings

Sandbag

1. ETA128	All overhead doors
2. TC117	All main lobby doors – all floors
3. FD235	All doors
4. FC135	All doors
5. TL116	All in swinging doors – TAPE ALSO
6. AD111	All doors – both floors
7. FN110	All doors
8. CE510	South doors
9. Historical Bldg.	All doors that lead into the building – both floors

PALM BEACH STATE COLLEGE BUILDING EXTERIOR DAMAGE ASSESSMENT

Date: _____ Name of Storm: _____ Campus: _____ Do not write in shaded areas

Building/Area Name: _____

Staff Name: _____ *Electronic photo required for all damage*

Walls-Windows-Doors

- Exterior wall collapsed/destroyed ___ N ___ S ___ E ___ W ___
- Exterior wall damaged - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Exterior awning damaged - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Exterior sunscreen damaged - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Exterior screen/fencing damaged ___ 'x ___ '
- Exterior wall mounted equipment damaged _____
- Window/Frame destroyed - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Window/Frame broken/damaged - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Door/Frame destroyed - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Door/Frame broken/damaged - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Wall-mounted exterior lights damaged N ___ S ___ E ___ W ___

Notes _____

Building Roof

- Entire roof destroyed (Flat Tar &Gravel/Flat Modified Bitumen/Sloped metal/ _____)
- Roof structurally damaged _____ % 'x ___ '
- Roof overhang damaged - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Metal roof fascia/gutter/dripedge destroyed - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Metal roof fascia/gutter/dripedge damaged - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Roof parapet wall damaged - N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Flat Tar &Gravel/ModBit roof flooded
- Flat Tar &Gravel/ModBit roof standing water ___ 'x ___ '
- Flat Tar &Gravel/ModBit roof damaged/leaking ___ 'x ___ '
- Flat Tar &Gravel/ModBit roof bubbled ___ 'x ___ '
- Sloped metal roof damaged/leaking ___ 'x ___ '
- Sloped shingle roof damaged/destroyed ___ 'x ___ '
- Sloped barrel tile roof damaged/destroyed ___ 'x ___ '
- Rooftop equipment Fans/Vents/Ductwork/HVAC damaged

Notes _____

Covered Walkway/Building Covered Overhang

- Entire walkway roof destroyed (Flat Tar &Gravel/Flat Modified Bitumen/Metal)
- Walkway roof damaged ___ 'x ___ '
- Walkway metal rf fascia/gutter/dripedge dmged N ___ 'x ___ ' S ___ 'x ___ ' E ___ 'x ___ ' W ___ 'x ___ '
- Underside Paraline ceiling damaged ___ 'x ___ '
- Underside Stucco ceiling damaged ___ 'x ___ '
- Underside walkway lights damaged ___ lights

Notes _____

GSF **NSF**

PALM BEACH STATE COLLEGE GROUNDS DAMAGE ASSESSMENT

Electronic photo required for all damage

Date: _____ Name of Storm: _____ Campus: _____

Staff Name: _____

(Circle appropriate item)

Exterior Furniture - Bleachers - Flag Pole - Playground Equipment

Damaged/Destroyed	Description of damage

Notes _____

Fence

Type	Length/Quantity	Size/Height
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes _____

Lighting

Parking Lot Lights	Damaged/Destroyed	Number of lights
_____	_____	_____
Decorative Lights	Damaged/Destroyed	Number of lights
_____	_____	_____
Other Lights	Damaged/Destroyed	Number of lights
_____	_____	_____

Notes _____

Signs/Sign Post

Damaged/Destroyed	Type	Size/Height	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes _____

Parking Lot/Roadways

Damage Description: _____

Notes _____

Trees/Shrubs

Damaged/Destroyed	Type	Size/Height	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes _____

VEHICLES/EQUIPMENT

Vehicle # - Equipment type	Damage Description

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
DOLLY HAND CULTURAL CENTER
AU103 – 1ST Floor

Date: _____

Name of Storm: _____

Staff Name: _____

IF INTERIOR DAMAGE IS NOTED, COMPLETE FORMS 5A and 5B.

Room Number	Room Description	Damage Occurred?		Photo	Initial when Complete
		Yes	No		
AU100	FOYER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU100.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU100.2	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU101	TICKET OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU101.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU102	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU103	PREP KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU103.1	DRY STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU103.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU104	AUDITORIUM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU105	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU106	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU107	DRESSING RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU107.1	WATER HEATER CL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU107.2	SHOWER ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU107.3	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE INTERIOR DAMAGE ASSESSMENT

Date: _____ Name of Storm: _____ Campus: _____ **Do not write in shaded areas**

Building/Area Name: _____ Area/Room #: _____

Staff Name: _____ *Electronic photo required for all damage*

Ceiling

- Entire ceiling collapsed/destroyed
- 2x2 lay-in ceiling tiles water damaged - N ___ S ___ E ___ W ___ Center ___ x tiles
- 2x4 lay-in ceiling tiles water damaged - N ___ S ___ E ___ W ___ Center ___ x tiles
- Drywall ceiling water damaged - N ___ S ___ E ___ W ___ Center ___ x sections
- Ceiling lights damaged ___ lights (2x4 lay-in Fluorescent/Incandescent)
- Equipment above ceiling is exposed and appears to be damaged

Notes _____

Walls-Windows-Doors

- Drywall wet/damaged ceiling down - N ___'x___' S ___'x___' E ___'x___' W ___'x___'
- Drywall wet/damaged floor up - N ___'x___' S ___'x___' E ___'x___' W ___'x___'
- Drywall wet/damaged below window - N ___'x___' S ___'x___' E ___'x___' W ___'x___'
- Window/Frame destroyed - N ___'x___' S ___'x___' E ___'x___' W ___'x___'
- Window/Frame broken/damaged - N ___'x___' S ___'x___' E ___'x___' W ___'x___'
- Door/Frame destroyed - N ___'x___' S ___'x___' E ___'x___' W ___'x___'
- Door/Frame broken/damaged - N ___'x___' S ___'x___' E ___'x___' W ___'x___'

Notes _____

Flooring

- Carpet wet/damaged at door ___'x___'
- Carpet wet/damaged below window - N ___'x___' S ___'x___' E ___'x___' W ___'x___'
- Carpet wet/damaged at room interior ___'x___'
- Vinyl tile wet/damaged - N ___'x___' S ___'x___' E ___'x___' W ___'x___'

Notes _____

Comments

Width: _____ Length: _____ Height: _____
Offset: _____ Closet: _____ Other: _____

PALM BEACH STATE COLLEGE CONTENTS DAMAGE ASSESSMENT

Description & electronic photo of damage required

Date: _____ Name of Storm: _____ Campus: _____ Do not write in shaded areas

Building/Area Name: _____ Area/Room #: _____

Staff Name: _____

Item / Description	Qty	Office Use Only	
		Cost	Total
		Total	

**Palm Beach State College
Building Damage
Repair/Replacement and Occupancy Assessment**

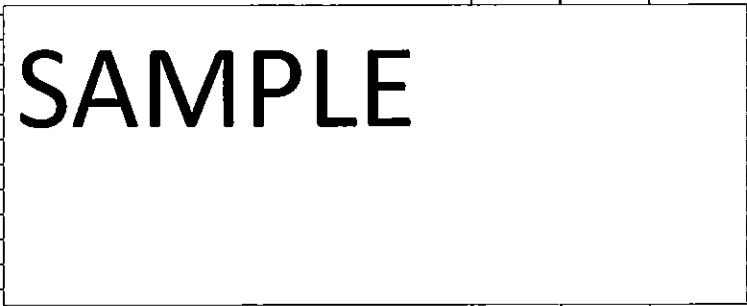
Date: _____

Campus: Lake Worth

Occupancy may be denied until
damage is repaired by an
outside contractor

Name of Storm: _____

Bldg #	Building Name	Description of Damage	OCCUPANCY		Est. Cost
			YES	NO	
HIST100	HISTORICAL BLDG				
SCB101	SCIENCE I				
PE102	GYMNASIUM				
CT103	COUNSELING AND TESTING				
PG104	GLYNN STUDENT SERVICES				
CF105	CAFETERIA				
CJB107	CRIMINAL JUSTICE 1				
FN110	FINANCE				
AD111	ADMINISTRATION				
BA112	BUSINESS ADMINISTRATION				
LL113	MANOR LLRC				
ITA114	INFORMATION TECH I				
DH115	DENTAL HEALTH SERVICES				
TL116	TECHNICAL LABS				
TC117	TECHNOLOGY CENTER				
ITB118	INFORMATION TECH II				
HU120	HUMANITIES				
CM124	CENTRAL MECHANICAL				
ETA128	EDUCATION & TRAINING A				
BK129	BOOKSTORE				
VL130	VOCATIONAL LABORATORY				
AU131	DUNCAN THEATRE				
SS132	SOCIAL SCIENCE				
FC135	FACILITIES CENTRAL				
ETB138	EDUCATION & TRAINING B				
ETC148	EDUCATION & TRAINING C				
ETD158	EDUCATION & TRAINING D				
SCA201	SCIENCE 2				
Bldg #	Building Name	Description of Damage	OCCUPANCY		Est. Cost
			YES	NO	
FT202	FITNESS CENTER				



PALM BEACH STATE COLLEGE FACILITIES ASSIGNMENT WORK FORM

Date: _____ Campus: _____

Employee Name: _____

Name of Storm: _____

Building/Rm # **Work Completed**

Materials Used

Work Order #

Hours