

PALM BEACH STATE COLLEGE

PRE-STORM WORK ASSIGNMENT FORM

Name of Storm: _____ Campus: Belle Glade

Directions: Forward completed form to Director of Facilities

[illegible]

PALM BEACH STATE COLLEGE

PRE-STORM BUILDING CHECKLIST

Date: _____ Name of Storm: _____ Campus: BELLE GLADE

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	AU CRB	
√ Lock elevators at top floor with door closed	CRB	
√ Install shutters on designated areas		
√ Sandbag identified areas		

Additional Comments

SUBMIT COMPLETED CHECKLIST TO PLANT SUPERVISOR

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
PRE-STORM CHECKLIST-ITEM LOCATION

Smoke/Roof Hatches

<u>Building#</u>	<u>Location</u>
1. AU103	Rm 110 & 200
2. CRB101	Rm 214

Elevators

1. CRB101	Rm 117.1
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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 _____

Type _____ Length/Quantity _____ Size/Height _____

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 _____

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

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

Notes _____

Parking Lot/Roadways

Damage Description _____

Notes _____

Trees/Shrubs

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

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

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
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		
AU108	SCENERY SHOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU109	WORKSHOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU109.1	PAINT STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU110	STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU111	EQUIP STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU112	PIANO STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU113	DRESSING RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU113.1	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU113.2	SHOWER RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU114	RAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU115	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU116	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU117	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU117.1	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU118	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU119	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU120	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
DOLLY HAND CULTURAL CENTER
AU103 – 2ND 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		
AU200	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU201	PROJECTION RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU202	LOFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU203	LOFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 CENTRAL MECHANICAL PHYSICAL PLANT
 CM102 – 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		
CM100	FOYER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM101	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM102	CENTRAL RECEIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM103	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM104	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM105	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM106	SHOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM107	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CRA100 – 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		
CRA100	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA100.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA100.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA100.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA101	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA102	MAIL/WORK RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA103	SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA104	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA104.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA104.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA104.3	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA104.4	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA104.5	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA104.6	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA105	EDUC SVCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA105.1	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CRA100 – 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		
CRA105.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA105.3	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA105.4	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA105.5	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA105.6	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA105.7	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA106	PREP LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA106.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA107	TESTING CNTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA107.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA108	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA109	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA110	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA111	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA112	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA113	COMPUTER CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CRA100 – 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		
CRA114	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA115	OPEN LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA115.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA116	CASHIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA117	REGISTRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA117.1	RECORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA117.2	REGISTRAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CRA100 – 2nd 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		
CRA200	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA200.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA200.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA200.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA201	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA202	NURSING SIMULATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CE203	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CE204	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CE205	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CE206	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CE207	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CE208	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CE209	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CE210	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CE211	PHONE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CE212	BIOLOGY/ CHEM LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CRA100 – 2ND 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		
CRA212.1	ELEC/DATA/TELE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA212.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA212.3	CHEM PREP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA212.4	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA213	COPIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA213.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA213.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA213.3	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA213.4	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA213.5	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA213.6	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRA213.7	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 CLASSROOM BUILDING B
 CRB101 – 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		
CRB100.4	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB100.5	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB100.6	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB118	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB119	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB120	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB121	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB122	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB123	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB124	WEIGHT ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB125	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB126	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB127	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB128	BOOKSTORE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB128.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB129	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 CLASSROOM BUILDING B
 CRB101 – 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		
CRB130	STUDENT LOUNGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB131	LLRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB131.1	STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB131.2	AVISUAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB131.3	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB131.4	PROCESSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB131.5	AV. STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB132	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 CLASSROOM BUILDING B
 CRB101 – 2ND 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		
CRB200.4	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB200.5	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB200.6	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB214	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB214.1	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB215	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB216	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB217	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB217.1	HDCP U. RESTRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB217.2	HDCP U. RESTRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB217.3	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB218	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB218.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB218.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB218.3	RELATED INSTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB218.4	MED EXAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 CLASSROOM BUILDING B
 CRB101 – 2ND 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		
CRB218.5	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB219	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB220	COPIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB220.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB220.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB221	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB222	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB223	AUDIO VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB224	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB225	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB226	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB226.1	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRB227	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 STORAGE
 STOR250 – 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		
STOR250	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 TECHNICAL EDUCATION CENTER
 TEC105 – 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		
TEC100	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC100.1	STAIRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC100.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC100.3	STAIRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC100.4	STAIRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC101	RECYCLE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC102	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC103	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC104	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC105	MECHANICAL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC106	VENDING AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC107	DATA/ TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC108	W. LOCKER RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC108.1	W. SHOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC109	C.J. TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC109.1	MATERIAL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 TECHNICAL EDUCATION CENTER
 TEC105 – 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		
TEC109.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC109.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC110	M. LOCKER RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC110.1	M. SHOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC111	FOOD SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC111.1	FOOD SERV_LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC112	ELEVATOR EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC113	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC114	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC115	DINING AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC116	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC117	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC118	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC119	CONSTRUCTION TRADES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC119.1	PV SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC119.2	MATERIAL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 TECHNICAL EDUCATION CENTER
 TEC105 – 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		
TEC119.3	COMPRESSOR ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC119.4	TOOL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC120	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC121	RELATED CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC122	WELDING SHOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC122.1	MATERIAL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC122.2	TOOL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC123	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC124	WELDING TANK STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC125	WELDING TANK STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC126	FITNESS CENTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC127	MEETING ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC128	MEETING ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC129	COSMETOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC129.1	WAITING AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC129.2	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 TECHNICAL EDUCATION CENTER
 TEC105 – 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		
TEC130	NAIL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC131	FACIAL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC132	LAUNDRY/ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC133	RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC134	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC135	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 TECHNICAL EDUCATION CENTER
 TEC105 – 2nd 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		
TEC200	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC200.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC200.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC200.3	STAIRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC200.4	STAIRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC200.5	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC200.6	STAIRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC201	STUDENT LOUNGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC202	RECYCLING ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC203	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC204	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC205	DRAFTING & DESIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC206	OFFICE SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC206.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC206.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC206.3	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 TECHNICAL EDUCATION CENTER
 TEC105 – 2nd 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		
TEC206.4	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC207	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC208	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC209	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC210	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC211	DATA/ ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC212	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC213	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC214	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC215	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC216	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC217	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC218	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC219	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC220	CONFERENCE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC221	CONFERENCE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BELLE GLADE
ROOM NUMBER SHEET
 TECHNICAL EDUCATION CENTER
 TEC105 – 2nd 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		
TEC222	FILE STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEC223	RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<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: _____	

Description & electronic photo of damage required

Do not write in shaded areas

Area/Room #: _____

[illegible]

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

Date: _____

Campus: Belle Glade

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	
CRA100	CLASSROOM BLDG A				
CRB101	CLASSROOM BLDG B				
CM102	CENTRAL MECHANICAL				
AU103	DH CULTURAL ARTS CTR				
TEC105	TECHNICAL EDUCATION CTR				
Grounds	Aqua Zone				
	Copper Zone				
Roadways					
	Total Estimated Cost				

**PALM BEACH STATE COLLEGE
FACILITIES ASSIGNMENT WORK FORM**

Date: _____ Campus: _____

Employee Name: _____

Name of Storm: _____

Building/Rm #	Work Completed	Materials Used	Work Order #	Hours