PALM BEACH STATE COLLEGE PRE-STORM WORK ASSIGNMENT FORM

Name of Storm:	Campus:	Belle Glade
Directions: Forward completed form	to Director	of Facilities

BLDG#	BLDG NAME	ASSIGN TO:	COMPLETED FORM RETURNED BY	DATE	TIME
CRA100	CLASSROOM BLDG A				
CRB101	CLASSROOM BLDG B				
CM102	CENTRAL MECHANICAL				
AU103	DH CULTURAL ARTS CTR				
TEC105	TECHNICAL EDUCATION CTR				
SITE	Grounds, Roadways & Parking Lots			-	
	ZONE 1 - AQUA ZONE				
	ZONE 2 - COPPER ZONE				
Misc	Other				
			1		
					_
			1		
					
			 		
	· · · · · ·				
	 				
-	-				·
	1		1	I	l

PALM BEACH STATE COLLEGE

PRE-STORM BUILDING CHECKLIST

Date: Name of Storm:	Campus: <u>BELLE GLADE</u>	
Staff Name:	3333.2	
		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

Building#	<u>Location</u>
1. AU103 2. CRB101	Rm 110 & 200 Rm 214
Elevators 1. CRB101	Rm 117.1

PALM BEACH STATE COLLEGE BUILDING EXTERIOR DAMAGE ASSESSMENT

Date:	Name of Storm:	Campus:	shaded areas
Building/Area Name:			
Staff Name:		Electronic photo required f	for all damage
Window/Frame of Window/Frame by Window/Frame by Door/Frame broken Wall-mounted ex Notes Building Roof Entire roof destre	apsed/destroyed N S naged - N ' x ' S ' x damaged - N ' x ' S en damaged - N ' x ' S encing damaged ' x ' unted equipment damaged destroyed - N ' x ' S x en/damaged - N ' x ' S x troyed /Flat Tar & Gravel/Flat Modifications and the statement of the s	Gx, E, x W, Sx, E, x W, x W, x W, x W, x W, x W, Sloped me	x_', x_',
Roof structurally Roof overhang d Metal roof fascia Metal roof fascia Roof parapet wa Flat Tar &Gravel Flat Tar &Gravel Flat Tar &Gravel Sloped metal roo Sloped shingle ro Sloped barrel tile Rooftop equipme	damaged % ' x ' amaged - N ' x ' S x /gutter/dripedge destroyed - N /gutter/dripedge damaged - N /gutter/dripedge damaged - N /gutter/dripedge damaged - N /gutter/dripedge damaged - N /gutter/dripedge destroyed /ModBit roof flooded /ModBit roof standing water /ModBit roof damaged/leaking /ModBit roof bubbled ' x /groof damaged/leaking ' x /groof damaged/leaking ' x /groof damaged/destroyed ' x	' E'x W'x _'x' Sx' E'x _x' Sx' E'x x' E'x W	
Entire walkway ro Walkway roof da Walkway metal r Underside Parali Underside Stucc	oof destroyed (Flat Tar &Gravel/		•
GSF	NSF NSF		

PALM BEACH STATE COLLEGE GROUNDS DAMAGE ASSESSMENT

Electronic photo required for all damage

Date:	Name o	of Storm:		Campus:		
Staff Name:						
(Circle appropriate item	1					
Exterior Furniture -	, Bleache	rs - Flag Pole	- Playground	Equipment		
Damaged/Destroyed						
		•	J			
Notes				 -		
<u>Fence</u>						
Type	Len	gth/Quantity		Size/Height_		
Туре	Len	gth/Quantity		Size/Height_		
Type	Len	gth/Quantity		Size/Height_		
Notes						
<u>Lighting</u>						
Parking Lot Lights	Damag	ed/Destroyed	Number of ligh	nts		
Decorative Lights	Damag	ed/Destroyed	Number of ligh	nts		
Other Lights	Damag	ed/Destroyed	Number of ligh	nts		
Notes						
Signs/Sign Post						
Damaged/Destroyed	Type		Size/Height	t	Number	
Damaged/Destroyed	Type		Size/Height		Number	
Damaged/Destroyed	Type		_ Size/Height		Number	
Notes						
Parking Lot/Roadwa	ıvs					
Damage Description						
Notes						
Trees/Shrubs	_		0' "1' '			
Damaged/Destroyed	Type		Size/Height	<u> </u>	Number	
Damaged/Destroyed	Type		Size/Height Size/Height		Number Number	
Damaged/Destroyed Notes	туре		Size/Heighi		Number	
140103						
		VEHICLES/	<u>EQUIPMENT</u>			
Vehicle # - Equipment t	уре		Damage Descri	ption		
- .						
			 .			

ROOM NUMBER SHEET

DOLLY HAND CULTURAL CENTER

AU103 – 1ST Floor

Date:		_			
Name of Storr	n:				
Staff Name:					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	ETE FOR	MS 5A and 5B.
Room	Room	Dan	nage		
Number	Description		ırred?	Photo	Initial when Complete
AU100	FOYER	Yes	No		
		Yes	No		
AU100.1	VESTIBULE	Yes	<u> </u>		
AU100.2	VESTIBULE		No 🗆		,
AU101	TICKET OFFICE	Yes	No		
A11404 4	055105	Yes	No		
AU101.1	OFFICE	Yes	No No	<u> </u>	
AU102	STORAGE				
411400	DDED WEGILEN	Yes	No		
AU103	PREP KITCHEN	<u> </u>	No		
AU103.1	DRY STORAGE	Yes	NO		
AU103.2	CLOSET	Yes	No		
· · ·		Yes	No		
AU104	AUDITORIUM				
AU105	VESTIBULE	Yes	No -		
70103	VEOTIDOLL	Yes	No No	<u> </u>	
AU106	MECHANICAL				
AU107	DRESSING RM	Yes	No		1
	WATER HEATER CL	Yes	No		
AU107.1	WATER HEATER OF	Yes	No No		
AU107.2	SHOWER ROOM		```		
AU107.3	U. RESTROOM	Yes	No		

ROOM NUMBER SHEET

DOLLY HAND CULTURAL CENTER AU103 – 1ST Floor

Date: _____

Name of Stori	m:				
Staff Name: _					
IF INTERIC	R DAMAGE IS N	NOTED,	COMPLE	ETE FORI	MS 5A and 5B.
Room	Room		nage	5	
Number	Description	Yes	ırred? □No	Photo	Initial when Complete
AU108	SCENERY SHOP		"		
		Yes	No		
AU109	WORKSHOP	Yes	No No		
AU109.1	PAINT STORAGE		```		
111440	07405	Yes	No	<u> </u>	
AU110	STAGE	Yes	No		
AU111	EQUIP STORAGE		"_		
		Yes	No		
AU112	PIANO STORAGE	\			
AU113	DRESSING RM	Yes	No		
		Yes	No		
AU113.1	U. RESTROOM				
AU113.2	SHOWER RM	Yes	No		
		Yes	No No		
AU114	RAMP				
 AU115	VESTIBULE	Yes	No		
		Yes	No		
AU116	MECHANICAL		L. 🗆		
AU117	CUSTODIAL	Yes	No F		
	0001023312	Yes	No No	<u> </u>	
AU117.1	STAIRWELL				
AU118	M. RESTROOM	Yes	No		
		Yes	No No		
AU119	W. RESTROOM				
AU120	STORAGE	Yes	No 🔲		

ROOM NUMBER SHEET

DOLLY HAND CULTURAL CENTER AU103 – 2ND Floor

Date:		_			
Name of Storn	n:				
Staff Name: _					
IF INTERIO	R DAMAGE IS N	NOTED, (COMPLE	TE FOR	MS 5A and 5B.
Room Number	Room Description	Dan Occu	nage rred?	Photo	Initial when Complete
AU200	MECHANICAL	Yes	No		
AU201	PROJECTION RM	Yes	No		
AU202	LOFT	Yes	No		
		Yes	No		
AU203	LOFT	Yes	No No		
· •		Yes	No		
<u> </u>		Yes	No		
					·
- 11 -		Yes	No		
		Yes	No		
		Yes	No	_	
	·	Yes	No		
		Yes	No		
		Yes	No No		
		Yes	No		
 -		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N		
		Yes	No -		
		Yes	No No		

ROOM NUMBER SHEET

CENTRAL MECHANICAL PHYSICAL PLANT CM102 - 1ST Floor

Date:		_			
Name of Storr	n:				
Staff Name: _					
IF INTERIO	R DAMAGE IS I	NOTED,	COMPLE	TE FOR	MS 5A and 5B.
Room	Room	Dan	nage		
Number	Description		rred?	Photo	Initial when Complete
CM400		Yes	No		
CM100	FOYER	Yes	No		
CM101	OFFICE				
CM102	CENTRAL RECEIV	Yes	No		
		Yes	No		
CM103	M. RESTROOM				
 CM104	MECHANICAL	Yes	No		
		Yes	No	<u> </u>	
CM105	DATA/TELECOM				
CM106	SHOP	Yes	No		
01110-		Yes	No		
CM107	ELECTRICAL	Yes	No		
	,	Yes	No		·
		Yes	No -	 	
		Yes	No No		
	·	Yes	No		
		Yes	No		
		Yes	No No	<u> </u>	
		Yes	No		
I		\Box	1 (7	1 [7]	

ROOM NUMBER SHEET

CLASSROOM BUILDING A CRA100 – 1ST Floor

Date:		_			
Name of Storr	n:				
Staff Name: _					
_					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	ETE FORM	MS 5A and 5B.
Room Number	Room Description	Оссі	nage ırred?	Photo	Initial when Complete
CRA100	LOBBY	Yes	No 🗆		
CRA100.1	CORRIDOR	Yes	No .		
CRA100.2	CORRIDOR	Yes	No 🔲		
CRA100.3	CORRIDOR	Yes	No 🗆		
CRA101	STAIRWELL	Yes	No 🗆		
CRA102	MAIL/WORK RM	Yes	No 🗆		
CRA103	SECURITY	Yes	No 🗆		
CRA104	SECRETARY	Yes 🗀	No 🗆		
CRA104.1	STORAGE	Yes 🗆	No 🗆		
CRA104.2	OFFICE	Yes	No 🗆		
CRA104.3	CLOSET	Yes	No 🗆		
CRA104.4	DATA/TELECOM	Yes 🔲	No 🗆		
CRA104.5	CONFERENCE	Yes	No □		
CRA104.6	CLOSET	Yes	No		
CRA105	EDUC SVCES	Yes	No .		
CRA105.1	SECRETARY	Yes	No 🗀		

CLASSROOM BUILDING A CRA100 – 1ST Floor

Date:		_			
Name of Storr	n:	_			
Staff Name: _					
	-				
IF INTERIO	R DAMAGE IS I	NOTED,	COMPLE	TE FORM	MS 5A and 5B.
Room	Room	Dan	nage		
Number	Description		ırred?	Photo	Initial when Complete
CRA105.2	OFFICE	Yes	No		
CRA105.3	OFFICE	Yes	No		
CRA105.4	OFFICE	Yes	No		
CRA105.5	OFFICE	Yes	No		,
011/100.0	011102	Yes	No No		
CRA105.6	OFFICE				
CRA105.7	OFFICE	Yes	No		
CRA106	PREP LAB	Yes	No		
CRA106.1	STORAGE	Yes	No		
CRA107	TESTING CNTR	Yes	No		
CRA107	TESTING CNTK	Yes	No		
CRA107.1	OFFICE				
CRA108	STAIRWELL	Yes	No		
CRA109	W. RESTROOM	Yes	No		
CRA110	CUSTODIAL	Yes	No		
<u> </u>	COSTODIAL	Yes	No		· · · · · · · · · · · · · · · · · · ·
CRA111	M. RESTROOM				
CRA112	MECHANICAL	Yes	No		

COMPUTER

CLASSROOM

CRA113

Yes

No

PALM BEACH STATE COLLEGE

CAMPUS: BELLE GLADE ROOM NUMBER SHEET

CLASSROOM BUILDING A CRA100 -- 1ST Floor

Date:		-			
Name of Storr	n:				
Staff Name: _					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	TE FORM	MS 5A and 5B.
Room	Room		nage	-	
Number	Description		rred?	Photo	Initial when Complete
CRA114	DATA/TELECOM	Yes	No		
CRATI4	DATATELECON	Yes	No		
CRA115	OPEN LAB				
CD 4 1 4 5 1	OFFICE	Yes	No		-
CRA115.1	OFFICE	Yes	No No		
CRA116	CASHIER				
		Yes	No		
CRA117	REGISTRATION				
CRA117.1	RECORD	Yes	No -		·
CIMITA	I KLOOKD	Yes	No No		
CRA117.2	REGISTRAR				
		Yes	No		
		Yes	No		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
		Yes	No .		
	+	Yes	No	<u> </u>	
		Yes	No		
		Yes	No		
-	ļ	<u> </u>			
		Yes	No I		
<u> </u>		Yes	No No		
		Yes	No		

ROOM NUMBER SHEET

CLASSROOM BUILDING A CRA100 – 2nd Floor

Date:		_			
Name of Store	m:				
Staff Name: _					
IF INTERIO	R DAMAGE IS I	NOTED,	COMPLE	ETE FOR	MS 5A and 5B.
Room	Room		nage		
Number	Description	Occu	ırred?	Photo	Initial when Complete
CRA200	LOBBY	Yes	No		
CRA200.1	CORRIDOR	Yes	No		
·		Yes	No		
CRA200.2	CORRIDOR	V			
CRA200.3	CORRIDOR	Yes	No .		
CRA201	STAIRWELL	Yes	No		
CRA202	NURSING SIMULATION	Yes	No		
-		Yes	No		
CE203	CLASSROOM	Yes	No No		
CE204	CLASSROOM				
CE205	CLASSROOM	Yes	No		
CE206	CLASSROOM	Yes	No		
		Yes	No		
CE207	STAIRWELL				
CE208	W. RESTROOM	Yes	No 🗆		
CE209	CUSTODIAL	Yes	No		
CE210	M. RESTROOM	Yes	No		
	PHONE	Yes	No No	<u> </u>	
CE211	ROOM				
CE212	BIOLOGY/	Yes	No		

ROOM NUMBER SHEET

CLASSROOM BUILDING A CRA100 – 2ND Floor

Date:		_			
Name of Storr	n:	_		•	
Staff Name: _					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	ETE FORI	WS 5A and 5B.
Room	Room		nage	Dhata	Initial when Canadaka
Number	Description		rred?	Photo	Initial when Complete
CRA212.1	ELEC/DATA/TELE	Yes	No □		
0040400	0700105	Yes	No		
CRA212.2	STORAGE	<u> </u>	<u></u>		
CRA212.3	CHEM PREP	Yes	No		
		Yes	No	<u> </u>	
CRA212.4	STORAGE				
CRA213	COPIER	Yes	No		
	OOTIER	Yes	No No		-
CRA213.1	OFFICE				
CD 4040 0	OFFICE	Yes	No		
CRA213.2	OFFICE	Vas	No		
CRA213.3	OFFICE	Yes		 	
		Yes	No		
CRA213.4	OFFICE				·
CRA213.5	OFFICE	Yes	No -		·
0101210.0	OTTIOE	Yes	No		
CRA213.6	OFFICE				
		Yes	No		
CRA213.7	OFFICE	Yes	No		
			l No		
<u> </u>		Yes	No No	 !	
		Yes	No		
		Yes	No		

CLASSROOM BUILDING B CRB101 – 1ST Floor

Date:	<u>.</u>	_			
Name of Storr	n:				
Staff Name: _					
IF INTERIO	R DAMAGE IS I	NOTED,	COMPLE	ETE FORI	MS 5A and 5B.
Room Number	Room Description		nage irred?	Photo	Initial when Complete
CRB100.4	CORRIDOR	Yes	No		
CRB100.5	CORRIDOR	Yes	No		
CRB100.6	CORRIDOR	Yes	No		
CRB118	ELEV. EQUIP RM	Yes	No T		
CRB119	ELEVATOR	Yes	No		
CRB120	W. RESTROOM	Yes	No		
CRB121	CUSTODIAL	Yes	No D		
CRB122	M. RESTROOM	Yes	No		
CRB123	MECHANICAL	Yes	No		
		Yes	No .		
CRB124	WEIGHT ROOM	Yes	No		
CRB125	CONFERENCE	Yes	No		
CRB126	CLASSROOM	Yes	No No		
CRB127	CLASSROOM	Yes	No No		
CRB128	BOOKSTORE	Yes	No No		
CRB128.1	OFFICE	Yes	No No		
CRB129	STAIRWELL	[]			

CLASSROOM BUILDING B CRB101 – 1ST Floor

Date:		-			
Name of Storr	n:				
Staff Name: _					•
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	ETE FORM	MS 5A and 5B.
Room Number	Room Description		nage irred?	Photo	Initial when Complete
CRB130	STUDENT LOUNGE	Yes	No 🗆		
CRB131	LLRC	Yes	No		
CRB131.1	STUDY	Yes	No		
CRB131.2	A/VISUAL	Yes 	No		
CRB131.3	OFFICE	Yes	No 🗆		
CRB131.4	PROCESSING	Yes	No 🗆		
CRB131.5	AV. STORAGE	Yes	No 🗆		
CRB132	DATA/TELECOM	Yes	No 🗆		
		Yes	No 🗆		
		Yes	No 🗆		
		Yes	No		
		Yes	No		
		Yes	No D		
		Yes	No D		
		Yes	No D		
		Yes	No		

ROOM NUMBER SHEET

CLASSROOM BUILDING B CRB101 - 2ND Floor

Date:		_			
Name of Stori	m:	_			
Staff Name: _					
IF INTERIC	R DAMAGE IS I	NOTED,	COMPLE	ETE FORI	MS 5A and 5B.
Room Number	Room Description		nage ırred?	Photo	Initial when Complete
CRB200.4	CORRIDOR	Yes	No		
CRB200.5	CORRIDOR	Yes	No		
CRB200.6	CORRIDOR	Yes	No		
CRB214	ELEV. EQUIP RM	Yes	No		
CRB214.1	ELEVATOR	Yes	No		
CRB215	W. RESTROOM	Yes	No 🗀		
CRB216	CUSTODIAL	Yes	No 🗆		
CRB217	M. RESTROOM	Yes	No 🗀		
CRB217.1	HDCP U. RESTRM	Yes	No		
CRB217.2	HDCP U. RESTRM	Yes	No		
CRB217.3	MECHANICAL	Yes	No 🗆		
CRB218	CLASSROOM	Yes	No		
CRB218.1	MTRL STORAGE	Yes	No		
CRB218.2	OFFICE	Yes	No		
		Yes	No		

Yes

RELATED INSTR

MED EXAM

CRB218.3

CRB218.4

ROOM NUMBER SHEET

CLASSROOM BUILDING B CRB101 – 2ND Floor

Date:		_			
Name of Storr	n:				
Staff Name: _					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	ETE FORM	MS 5A and 5B.
Room	Room		nage	Dhata	luitial vole an Campulata
Number	Description	Yes	irred?	Photo	Initial when Complete
CRB218.5	STORAGE		"		
		Yes	No		
CRB219	STORAGE				
CRB220	COPIER	Yes	No		
CRB220.1	OFFICE	Yes	No		
CRB220.2	OFFICE	Yes	No		
CRB221	CLASSROOM	Yes	No T		
CRB222	STAIRWELL	Yes	No		
CRB223	AUDIO VISUAL	Yes	No		
CRB224	CLASSROOM	Yes	No D		
ONBEE	CEROONOON	Yes	No No		
CRB225	CLASSROOM				
CRB226	CLASSROOM	Yes	No		
CRB226.1	DATA/TELECOM	Yes	No		
CRB227	CLASSROOM	Yes	No		
		Yes	No		
		<u> </u>			
		Yes	No		
		Yes	No		
		"-	"		

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			[]	
		Yes	No	<u> </u>	
		Yes	No		-
		Yes	No		
		Yes	No		-
		Yes	No No		
					·
		Yes	No No		
		Yes	No		
		Yes	No		
		┌┐			
	 	Yes	No		
			_		
-		Yes	No -	 	
-		Yes	No No		
	<u> </u>	Yes	No		
		Yes	No No		
		Yes	No		
		Yes	No .		

ROOM NUMBER SHEET

TECHNICAL EDUCATION CENTER
TEC105 – 1ST Floor

Date:		_			
Name of Stor	m:		•		
Staff Name: _					
IF INTERIC	R DAMAGE IS N	NOTED,	COMPLE	ETE FORI	MS 5A and 5B.
Room Number	Room Description		nage irred?	Photo	Initial when Complete
TEC100	LOBBY	Yes	No		madi whom complete
TEC100.1	STAIRS	Yes	No		
TEC100.2	CORRIDOR	Yes	No		
TEC100.3	STAIRS	Yes	No 🗆		
TEC100.4	STAIRS	Yes 🔲	No		. ""
TEC101	RECYCLE ROOM	Yes	No 🗆		
TEC102	M. RESTROOM	Yes	No		
TEC103	CUSTODIAL	Yes	No 🗆		
TEC104	W. RESTROOM	Yes	No D		
TEC105	MECHANICAL ROOM	Yes Yes	No No		
TEC106	VENDING AREA	Yes	No No		
TEC107	DATA/ TELECOM	Yes	No No		
TEC108	W. LOCKER RM	Yes	No No		
TEC108.1	W. SHOWER	Yes	No No		
TEC109	C.J. TRAINING MATERIAL	Yes	No		
TEC109.1	STORAGE	"	"		

ROOM NUMBER SHEET

TECHNICAL EDUCATION CENTER
TEC105 – 1ST Floor

Date:

Name of Stor	m:				
Staff Name: _		_			
IF INTERIO	OR DAMAGE IS N	OTED,	COMPLE	ETE FORI	WS 5A and 5B.
Room Number	Room Description		mage urred?	Photo	Initial when Complete
TEC109.2	OFFICE	Yes	No 🗆		
TEC109.3	STORAGE	Yes	No 🗆		
TEC110	M. LOCKER RM	Yes	No 🗆		
TEC110.1	M. SHOWER	Yes	No .		
TEC111	FOOD SERVICES	Yes	No D		
TEC111.1	FOOD SERV_LINE	Yes	No .		
TEC112	ELEVATOR EQUIPMENT	Yes	No 🗆		
TEC113	ELEVATOR	Yes	No 🗆		
TEC114	STORAGE	Yes	No .		
TEC115	DINING AREA	Yes	No 🗀		
TEC116	ELECTRICAL	Yes	No 🗆		
TEC117	M. RESTROOM	Yes	No D		
TEC118	W. RESTROOM	Yes	No		
TEC119	CONSTRUCTION TRADES	Yes	No 🔲		
TEC119.1	PV SYSTEM	Yes	No 🗆		
TEC119.2	MATERIAL STORAGE	Yes	No		

ROOM NUMBER SHEET

TECHNICAL EDUCATION CENTER TEC105 – 1ST Floor

Date:					
Name of Stor	m:	_			
Staff Name: _					
IF INTERIO	OR DAMAGE IS N	OTED,	COMPLE	ETE FORM	/IS 5A and 5B.
Room	Room		nage		
Number	Description		urred?	Photo	Initial when Complete
	COMPRESSOR	Yes	No		
TEC119.3	ROOM				
TEC119.4	TOOL STORAGE	Yes	No	_	,
120110.1	OTOTAROL	Yes	No		
TEC120	OFFICE				
	RELATED	Yes	No		
TEC121	CLASSROOM				
TEC400	WELDING	Yes	No	_	
TEC122	SHOP	Yes	No No		
TEC122.1	MATERIAL STORAGE	res	NO		
12012211	TOOL	Yes	No		
TEC122.2	STORAGE				
		Yes	No		
TEC123	OFFICE				
TEO404	WELDING TANK	Yes	No		
TEC124	STORAGE	Yes	No		
TEC125	WELDING TANK STORAGE		140	┌┐	
120120	FITNESS	Yes	No No		
TEC126	CENTER				
	MEETING	Yes	No	<u> </u>	
TEC127	ROOM				
TE0400	MEETING	Yes	No	_	
TEC128	ROOM	Yes	No		
TEC129	COSMETOLOGY	l les	INO		
	333112132331	Yes	No No		
TEC129.1	WAITING AREA			┌┐	
	·	Yes	No		
TEC129.2	VESTIBULE				

TECHNICAL EDUCATION CENTER
TEC105 – 1ST Floor

Date:		-			
Name of Storr	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	IOTED,	COMPLE	TE FOR	MS 5A and 5B.
Room	Room	Dar			
Number	Description		urred?	Photo	Initial when Complete
TEC130	NAIL ROOM	Yes	No []		
120100	10.02110010	Yes	No		
TEC131	FACIAL ROOM				
TEO400	LAUNDRY/	Yes	No		
TEC132	STORAGE	Yes	No		
TEC133	RESTROOM		```		
		Yes	No No		
TEC134	ELECTRICAL				
TEC135	MECHANICAL	Yes	No .		
120133	WILCHANICAL	Yes	No		
			l'' ' ''		
	_	Yes	No		
		Yes	No	_	
		Yes	No	<u> </u>	
		l es	1 140		
-		Yes	No No	 	
		Yes	No		· ·
		Yes	No		
		Yes	No No		
		Yes	No		
		Yes	No		
	1	i	1 1 1	1 1 1	ì

TECHNICAL EDUCATION CENTER TEC105 - 2nd Floor

Date:	
Name of Storm:	
Staff Name:	
IF INTERIOR DAMAGE IS NO	TED, COMPLETE FORMS 5A and 5B.

Room Room Damage Initial when Complete Number Description Occurred? Photo Yes No **TEC200** LOBBY \Box No Yes TEC200.1 CORRIDOR Yes No TEC200.2 CORRIDOR Yes No TEC200.3 **STAIRS** Yes No TEC200.4 STAIRS Yes No TEC200.5 CORRIDOR Yes No TEC200.6 **STAIRS** Yes No STUDENT **TEC201** LOUNGE RECYCLING Yes No **TEC202** ROOM No Yes **TEC203** M. RESTROOM Yes No **TEC204** W. RESTROOM DRAFTING & Yes No **TEC205 DESIGN** Yes No OFFICE **TEC206** SERVICE Yes No TEC206.1 **OFFICE** Yes Nο TEC206.2 **OFFICE**

Νo

Yes

OFFICE

TEC206.3

ROOM NUMBER SHEET

TECHNICAL EDUCATION CENTER TEC105 – 2nd Floor

Date:		_			
Name of Stor	m:		•		
Staff Name: _					
IF INTERIO	OR DAMAGE IS N	IOTED,	COMPLE	ETE FORM	MS 5A and 5B.
Room Number	Room Description		mage urred?	Photo	Initial when Complete
TEC206.4	OFFICE	Yes	No		mada mich complete
TEC207	CLASSROOM	Yes	No		
TEC208	MECHANICAL	Yes	No		
TEC209	CUSTODIAL	Yes	No 🗆		
TEC210	ELECTRICAL	Yes	No .		
TEC211	DATA/ ELECTRICAL	Yes	No D		
TEC212	CLASSROOM	Yes	No 🗆		
TEC213	CLASSROOM	Yes	No		<u> </u>
TEC214	OFFICE	Yes Yes	No No		
TEC215	OFFICE	Yes	No No		
TEC216	OFFICE	Yes	No No		
TEC217	OFFICE	Yes	No No		
TEC218	RECEPTION	Yes	No No		
TEC219	ELEVATOR CONFERENCE	Yes	No No		
TEC220	ROOM	Yes	No No		
TEC221	ROOM	"	"	_	

ROOM NUMBER SHEET

TECHNICAL EDUCATION CENTER TEC105 - 2nd Floor

Date:		-			
Name of Storr	m:				
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED,	COMPLE	ETE FORI	MS 5A and 5B.
Б	Б	_			
Room Number	Room Description		mage urred?	Photo	Initial when Complete
Number	FILE	Yes	No No	FIIOLO	Initial when complete
TEC222	STORAGE		```		
		Yes	No	<u> </u>	
TEC223	RESTROOM				
-		Yes	No		
		Yes	No		
		Yes	No	<u> </u>	
	,	l les			
	<u></u>	Yes	No	<u> </u>	
		Yes	No		
	_	Yes	No	-	
		Yes	No		
		Yes	No No		
	,	l les	100		
		Yes	No No		
		Yes	No		
		Yes	No		
		Vos	L		
		Yes	No -		
		Yes	No No		
		Yes	No No		
		↓ ┌─			

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	d for all damage
Ceiling ☐ Entire ceiling collapsed/destroyed ☐ 2x2 lay-in ceiling tiles water damaged - NS _ ☐ 2x4 lay-in ceiling tiles water damaged - NS _ ☐ Drywall ceiling water damaged - NS _ ☐ Ceiling lights damaged lights (2x4 lay-in Flux Equipment above ceiling is exposed and appear Notes	EW Center; _W Centerx section uorescent/Incandescent	x tiles ns
Walls-Windows-Doors ☐ Drywall wet/damaged ceiling down - N' x' ☐ Drywall wet/damaged floor up - N' x' S ☐ Drywall wet/damaged below window - N' x' ☐ Window/Frame destroyed - N' x' S x ☐ Window/Frame broken/damaged - N' x' S x' ☐ Door/Frame destroyed - N' x' S x' E ☐ Door/Frame broken/damaged - N' x' S Notes	x_'E_'x W_'x_ Sx_'E_'x V 'E_'x W_'x' x_'E_'x W _'x W_'x'	
Flooring Carpet wet/damaged at door' x' Carpet wet/damaged below window - N' x' Carpet wet/damaged at room interior' x' Vinyl tile wet/damaged - N' x' S x' E Notes		V' ×'
Comments		
		
		The second se
Width: Length: Height: Offset: Other:		

PALM BEACH STATE COLLEGE CONTENTS DAMAGE ASSESSMENT

Description & electronic photo of damage required

Date:	Name of Storm:	Campus:	Dc	not write in shaded areas
Building/Area Na	me:	Area/Room #	# :	
Staff Name:				
		For any particular par	Office	Jse Only
	Item / Description	100.00000000000000000000000000000000000		Total
	tom / Bosonption			
				English dan unan ungap
		The state of the s	And the second second	
		The second secon		
		20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		may famin may may may may may may may may may may may may may may may may		
		N. A. S. C.	- 10 77 71 47 73 5	
		makeu me	A	
		20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (
· .		The state of the s		
		1	A Landa Managarah Managarah	
			www.	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 March 100 Ma	
		200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A SECTION AND A LOCAL PROPERTY OF THE PROPERTY	
		200 A 100 C		
_		[10]		
		## (1) (
		- 1	(20) (20) (20) (20) (20) (20) (20) (20)	
		32 - 32 - 32 - 32 - 32 - 32 - 32 - 32 -		
		To your and the control of the contr		
		#1 (************************************		3. C
		A CONTRACTOR OF THE CONTRACTOR		
		100 (American State Stat		
		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second secon
		gram candida yi Sanaami Dalamida Dalamida		
		interpretation of the control of the		
		2		
		opt Commission	Total	

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

Date:	Campus: <u>Belle Glade</u>	Occupancy may be denied until
Name of Storm:		damage is repaired by an outside contractor

Bidg#	Building Name	Description of Damage		OCCUP	ANCY	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					

Hurricane Preparedness Form 7

PALM BEACH STATE COLLEGE FACILITIES ASSIGNMENT WORK FORM

Date:	Campus:	1		
Employee Name:		•		
Name of Storm:				
Building/Rm #	Work Completed	Materials Used	Work Order#	Hours