

**PALM BEACH STATE COLLEGE
PRE-STORM WORK ASSIGNMENT FORM**

Name of Storm: _____ Campus: Boca Raton

Directions: Forward completed form to Director of Facilities

BLDG#	BLDG NAME	ASSIGN TO:	COMPLETED FORM RETURNED BY	DATE	TIME
CB100	CLASSROOM BLDG B				
CA101	CLASSROOM BLDG A				
AD102	ADMINISTRATION BLDG				
CM103	CENTRAL MECHANICAL				
BT104	BOCATECH				
BK105	BOOK STORE				
FS106	FACILITIES SOUTH				
HT107	HUMANITIES TECHNOLOGY				
MD08250	MODULAR 2 (9) STORAGE				
MD07251	MODULAR 1 (7) STORAGE				
263	RESTROOMS				
MD09276	MODULAR 3 (8) STORAGE				
SITE	Grounds, Roadways & Parking Lots				
	ZONE 1 - GRAY ZONE				
	ZONE 2 - COPPER ZONE				
	ZONE 3 - ROSE ZONE				
	ZONE 4 - AQUA ZONE				
	ZONE 5 - BLUE ZONE				
Misc	Other				

PALM BEACH STATE COLLEGE

PRE-STORM BUILDING CHECKLIST

Date: _____ Name of Storm: _____ Campus: BOCA RATON

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	Boca Tec CA CB	
√ Lock elevators at top floor with door closed	CA CB	
√ Install shutters on designated areas	Boca Tec	
√ Sandbag identified areas	Facilities Bldg.	

Additional Comments

SUBMIT COMPLETED CHECKLIST TO PLANT SUPERVISOR

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
PRE-STORM CHECKLIST-ITEM LOCATION

Smoke/Roof Hatches

<u>Building#</u>	<u>Location</u>
1. CA100	Rm 225
2. CB101	Rm 222
3. BT104	Rm 156
4. BT 104	Rm 203

Elevators

1. CA100	Rm 129
2. BT104	Rm 106
3. AD102	Rm 100.1

Shutters

1. BT104

Sandbag

1. Facilities 106

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 ___'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___'
- ☐ 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: BOCA RATON
ROOM NUMBER SHEET

ADMINISTRATION
AD102 – 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		
AD100	STUDENT LOUNGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD100.1	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD101	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD101.1	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD101.2	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD102	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD102.1	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD103	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD104	SERVING AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD105	KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD105.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD105.2	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD105.3	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD105.4	STAFF RESTRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD105.5	FOOD / REFRIG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD105.6	FOOD / FREEZER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET

ADMINISTRATION
AD102 – 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		
AD105.7	RECEIVING/STOR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD106	FACULTY DINNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD107	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD108	SEATING AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD109	STU RECRE AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD110	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD111	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD112	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD113	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD114	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD115	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD116	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD117	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD118	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD119	ENTRANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD120	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 ADMINISTRATION
 AD102 – 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		
AD120.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD121	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD122	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD123	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD124	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD125	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD126	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD127	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD128	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD129	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD129.1	KITCHENETTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD129.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD129.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD130	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD131	LOBBY/ INFO CNTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD132	ADMIN/REGIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 ADMINISTRATION
 AD102 – 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		
AD133	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD134	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD135	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD136	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD137	RECORDS VAULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD138	KITCHENETTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD139	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD140	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD141	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD142	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD143	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD144	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD145	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD146	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD147	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD148	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 ADMINISTRATION
 AD102 – 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		
AD149	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD150	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD151	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD152	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD153	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD154	SVC CENTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD154.1	SVC CENTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD155	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD156	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD157	VAULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD158	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD159	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD160	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD161	STAIRWELL	<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: BOCA RATON
ROOM NUMBER SHEET
 ADMINISTRATION
 AD102 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
AD200	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD200.1	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD201	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD202	STAIRWELL	<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: BOCA RATON
ROOM NUMBER SHEET

ADMINISTRATION
AD102 – 3RD 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		
AD300	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD300.1	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD300.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD300.3	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD300.4	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD300.5	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD300.6	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD300.7	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD301	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD302	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD303	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD304	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD305	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD306	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD307	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD308	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 ADMINISTRATION
 AD102 – 3RD 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 <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
AD309	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD310	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD311	COMP RESOURCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD312	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD313	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD314	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD315	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD316	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD317	STAIRWELL	<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: BOCA RATON
ROOM NUMBER SHEET

ADMINISTRATION
AD102 – 4TH 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		
AD400	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD400.1	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD400.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD400.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD400.4	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD400.5	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD400.6	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD401	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD402	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD403	SECRETARIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD404	SECRETARIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD405	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD406	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD407	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD408	SECRETARIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD409	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 ADMINISTRATION
 AD102 – 4TH 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		
AD409.1	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD410	SECRETARIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD411	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD412	OFFICE-PRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD413	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD414	SECRETARIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD415	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD416	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD417	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD418	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD419	KITCHENNET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD420	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD421	STAIRWELL	<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: BOCA RATON
ROOM NUMBER SHEET
 ADMINISTRATION
 AD102 – 5TH 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 <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
AD500	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD501	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD502	STAIRWELL	<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: BOCA RATON
ROOM NUMBER SHEET
 BOOKSTORE
 BK105 – 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		
BK100	SALES FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK101	CUST. SVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK102	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK103	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK103.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK104	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK104.1	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK105	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK105.1	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK106	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK107	MASSAGE THERAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK107.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK107.2	WAITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK107.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK109	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BK110	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET

BOCA TECH
BT104 – 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		
BT100	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT100.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT100.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT100.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT100.4	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT100.5	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT100.6	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT100.7	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT100.8	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT101	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT102	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT104	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT105	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT106	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT107	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 BOCA TECH
 BT104 – 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		
BT108	CNTR DESK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT109	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT110	WAITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT111	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT112	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT113	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT114	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT115	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT116	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT117	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT118	CHILDCARE CLASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT119	DIST STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT120	CHILDCARE LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT120.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT121	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT122	PC SUPPORT LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 BOCA TECH
 BT104 – 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		
BT122.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT123	ADM ASST ACCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT124	AA CLASSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT125	CAREER CNTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT125.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT125.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT126	CNTL DESK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT127	TESTING CNTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT127.1	SPECIAL TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT127.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT127.3	SPECIAL TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT128	MED OFF LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT128.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT129	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT130	MED OFF CLASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT131	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET

BOCA TECH
BT104 – 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		
BT132	MASSAGE LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT132.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT132.2	REFLEXOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT133	WET ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT134	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT135	WAITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT136	LAUNDRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT137	W.LOCKER/SHOWE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT138	M.LOCKER/SHOWE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT139	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT139.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT140	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT141	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT142	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT143	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT144	DANCE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT144.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT144.2	CNTL DESK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET

BOCA TECH
BT104 – 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		
BT145	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT146	WEIGHT ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT147	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT148	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT148.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT149	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT150	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT151	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT152	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT153	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT154	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT155	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT156	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT157	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"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
BOCA TECH
BT104 – 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		
BT214	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT200.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT200.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT200.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT201	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT201.1	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT202	MULT PURPOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT203	MECH ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT204	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT205	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT206	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT207	OPEN STUDIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT208	ADJUNCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT209	TUTOR BOOTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT210	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT211	TUTOR BOOTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT212	SMALL STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT213	SMALL STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
BOCA TECH
BT104 – 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		
BT214	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT215	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT216	VPI LAB COMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT216.1	TUTOR STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT216.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT216.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT216.4	AV STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT216.5	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT217	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT218	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT219	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT220	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT221	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT221.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT222	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CA101 – 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		
CA100	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA100.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA100.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA101	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA101.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA101.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA102	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA102.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA102.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA102.3	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA103	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA103.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA104	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA104.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA104.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA105	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CA101 – 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		
CA105.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA105.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA106	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA106.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA106.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA107	COMP. CLASSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA107.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA107.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA108	COMP. CLASSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA108.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA109	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA109.1	PROJECTION RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA109.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA109.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA110	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA110.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CA101 – 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		
CA110.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA.111	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA112	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA113	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA114	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA115	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA116	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA117	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA118	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA119	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA120	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA121	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA122	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA123	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA124	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA125	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CA101 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
CA126	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA127	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA128	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA129	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA130	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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CA101 – 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		
CA200	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA200.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA200.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA201	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA201.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA201.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA202	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA202.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA202.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA202.3	PROJECTION RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA203	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA203.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA203.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA204	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA204.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA204.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA205	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA205.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CA101 – 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		
CA205.2	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA206	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA206.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA206.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA207	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA207.1	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA207.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA208	COMP. CLASSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA208.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA209	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA209.1	PROJECTION RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA209.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA209.3	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA210	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA210.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA210.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA211	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING A
 CA101 – 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		
CA212	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA213	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA214	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA215	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA216	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA217	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA218	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA219	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA220	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA221	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA222	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA223	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA224	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA225	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA226	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CA227	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING B
 CB100 – 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		
CB100	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB100.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB100.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB101	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB102	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB102.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB102.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB103	ART LABORATORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB103.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB103.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB104	PHOTOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB104.1	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB104.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB104.3	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING B
 CB100 – 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		
CB104.4	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB104.5	FILM LOADING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB104.6	DARKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB105	PHY SCIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB105.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB105.2	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB105.3	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB106	CHEM LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB106.1	CHEM STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB106.2	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB106.3	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB107	BIOLOGY LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB107.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB107.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB107.3	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING B
 CB100 – 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		
CB107.4	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB107.5	FACULTY OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB108	BIOLOGY LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB108.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB108.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB108.3	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB108.4	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB109	FACULTY OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB110	FACULTY OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB111	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB112	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB113	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB114	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB115	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB116	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING B
 CB100 – 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		
CB200	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB200.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB200.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB201	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB201.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB202	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB202.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB203	PT LEARN CNTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB203.1	PTLC MEETING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB203.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB204	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB204.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB204.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB205	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB206	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING B
 CB100 – 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		
CB207	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB208	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB209	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB210	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB210.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB210.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB211	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB212	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB212.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB213	MEDIA TECH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB213.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB213.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB213.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB213.4	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB213.5	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB214	CCTV DIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB214.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 CLASSROOM BUILDING B
 CB100 -- 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		
CB215	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB216	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB217	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB218	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB219	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB220	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB221	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB222	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB223	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB224	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB225	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB226	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB227	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB228	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB229	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB230	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB231	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE

CAMPUS: BOCA RATON

ROOM NUMBER SHEET

CENTRAL MECHANICAL PHYSICAL PLANT

CM103 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
CM101	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM102	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM103	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM104	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM105	METERING VAULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM106	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM107	EMER GENERATOR	<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: BOCA RATON
ROOM NUMBER SHEET
 FACILITIES SOUTH
 FS106 – 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		
FS100	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS101	OFFICE/RECEIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS102	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS103	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS104	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS105	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS106	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS107	BREAK ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS107.1	KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS108	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS109	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS110	MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS110.1	PAINT STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS110.2	SECURED STOR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS111	GROUND EQUIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS111.1	SECURED STOR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS112	SUPRUS STOR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FS113	WAREHOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 HUMANITIES TECHNOLOGY
 HT107 -- 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		
H100	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT100.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT100.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT100.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT100.4	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT100.5	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT100.6	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT101	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT102	GRAPHIC DESIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT103	LECTURE HALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT103.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT103.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT103.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT103.4	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT103.5	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT103.6	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
HUMANITIES TECHNOLOGY
HT107 – 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		
HT103.7	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT103.8	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT103.9	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT104	CNTRL RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT104.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT105	FOOD PREP AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT106	RECEIVING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT107	CHAIR, GEN, STOR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT108	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT109	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT110	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT111	ART APPRECIATIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT111.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT112	ARCH LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT112.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT113	CNTL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
HUMANITIES TECHNOLOGY
HT107 – 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		
HT114	PAINT LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT114.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT115	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT116	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT117	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT118	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT119	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT120	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT121	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT122	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT123	FIRE PUMP ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT124	PUMP ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT125	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT126	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT127	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 HUMANITIES TECHNOLOGY
 HT107 – 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		
HT200	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT200.1	FOYER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT200.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT200.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT201	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT202	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT203	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT204	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT205	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT206	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT207	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT208	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT209	MUSIC APPREC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT209.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT210	THEATER APPREC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT211	FOREIGN LANG.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
HUMANITIES TECHNOLOGY
HT107 – 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		
HT212	SOCRATIC CLASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT212.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT213	P/C WEB DESIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT214	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT215	SPEECH CLASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT216	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT217	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT218	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT219	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT220	ELEV. EQUIP RM	<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: BOCA RATON
ROOM NUMBER SHEET
HUMANITIES TECHNOLOGY
HT107 – 3RD 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		
HT300	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT300.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT300.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT300.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT300.4	FOYER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT301	COMMON AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT302	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT303	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT304	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT305	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT306	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT307	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT308	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT309	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT310	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT311	INNOVATIVE CLAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
HUMANITIES TECHNOLOGY
HT107 – 3RD 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		
HT312	INNOVATIVE CLAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT313	GEN EDU CLASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT314	GEN EDU CLASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT315	GEN EDU CLASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT316	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT317	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT318	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT319	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT320	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT321	ELEV. EQUIP RM	<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: BOCA RATON
ROOM NUMBER SHEET
HUMANITIES TECHNOLOGY
HT107 – 4TH 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		
HT400	MAIN CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT400.1	FOYER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT400.2	HALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT401	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT402	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT403	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT405	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT406	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT407	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT408	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT409	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT410	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT411	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT412	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT413	EQUIP. DIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT414	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
HUMANITIES TECHNOLOGY
HT107 – 4TH 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		
HT415	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT416	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT417	EQUIP STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT418	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT419	VIDEO TECH STUDI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT420	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT421	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT422	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT423	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT424	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HT425	ELEV. EQUIP RM	<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: BOCA RATON
ROOM NUMBER SHEET
 MODULAR 2
 MOD250 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD250	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET

MODULAR 1
MOD251 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD251	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 MODULAR STORAGE
 MOD252 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD252	STOR / FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 MODULAR 1
 MOD255 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD255	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET

MODULAR STORAGE
MOD256 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD256	STOR / FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
 MODULAR 14
 MOD257 – 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 <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
MD257	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET

MODULAR 13
MOD258 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD258	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET

MODULAR 12
MOD259 – 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		
MD259	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET

MODULAR 19
MOD260 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD260	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 MODULAR 18
 MOD261 – 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		
MD261	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET
 MODULAR 2
 MOD262 – 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 <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
MD262	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET
 RESTROOMS
 MOD263 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD263	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
CAMPUS: BOCA RATON
ROOM NUMBER SHEET

MODULAR 17
MOD264 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD264	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET

MODULAR 11
MOD265 – 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 <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
MD265	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET

MODULAR 16
MOD266 – 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 <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
MD266	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET
 MODULAR 6
 MOD267 – 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		
MD267	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET

MODULAR 5
MOD268 – 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
MD268	CLASSROOM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET

MODULAR 3
MOD269 – 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		
MD269	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET
 MODULAR 4
 MOD270 – 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
MD270	CLASSROOM	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 MODULAR 10
 MOD271 -- 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		
MD271	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET

MODULAR 15
MOD272 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD272	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 MODULAR / PHYSICAL PLANT
 MOD273 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD273	PHYSICAL PLNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	

PALM BEACH STATE COLLEGE
CAMPUS: BOCA RATON
ROOM NUMBER SHEET
 MODULAR 3
 MOD276 – 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 <input type="checkbox"/>	No <input type="checkbox"/>		
MD276	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"/>	
		<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: BOCA RATON
ROOM NUMBER SHEET
 PHYSICAL PLANT
 PP273 – 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		
PP101	RECEPT/RECEIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PP101.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PP102	SHOP AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PP103	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PP104	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PP105	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PP106	LOUNGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PP107	TIME CLK / MAILRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PP108	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PP108.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PP109	SECURED STOR.	<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

Office Use Only

Hurricane Preparedness Form 5B NOTE: Complete Form 5A -- Interior Damage Assessment

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

Date: _____

Campus: Boca Raton

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	
CB100	CLASSROOM BLDG B				
CA101	CLASSROOM BLDG A				
AD102	ADMINISTRATION BLDG				
CM103	CENTRAL MECHANICAL				
BT104	BOCATECH				
BK105	BOOK STORE				
FS106	FACILITIES SOUTH				
HT107	HUMANITIES TECHNOLOGY				
MD08250	MODULAR 2 (9) STORAGE				
MD07251	MODULAR 1 (7) STORAGE				
263	RESTROOMS				
MD09276	MODULAR 3 (8) STORAGE				
Grounds	Gray Zone				
	Copper Zone				
	Rose Zone				
	Aqua Zone				
	Blue 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