

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

Name of Storm: \_\_\_\_\_ Campus: Palm Beach Gardens

**Directions:** Forward completed form to Director of Facilities

[illegible]

# PALM BEACH STATE COLLEGE

## PRE-STORM BUILDING CHECKLIST

Date: \_\_\_\_\_

Name of Storm: \_\_\_\_\_

Campus: PALM BEACH GARDENS

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	AD LL LC AU BB BR AA	
✓ Lock elevators at top floor with door closed	AA AU LC AD BB LL	
✓ Install shutters on designated areas	AD	
✓ Sandbag identified areas	AU AD	

### Additional Comments

---

---

---

---

**SUBMIT COMPLETED CHECKLIST TO PLANT SUPERVISOR**

# PALM BEACH STATE COLLEGE

## CAMPUS: PALM BEACH GARDENS

### PRE-STORM CHECKLIST-ITEM LOCATION

#### Smoke/Roof Hatches

<u>Building#</u>	<u>Location</u>
1. AD101	Rm 110.1
2. AD101	Rm 202
3. AA102	Rm 203
4. LL104	Rm 226.1
5. BB111	Rm 324
6. BR106	Rm 106
7. LC107	Rm 209
8. AU108	Machine Rm 3 <sup>rd</sup> floor
9. AU108	Rm 112 over stage on room

#### Elevators

1. AD101	Rm 116
2. AA102	Rm 203.1
3. LL104	Rm 106.2
4. LL 104	Rm 204
5. BB111	Rm 121.1
6. AU108	Rm 126
7. LC107	Rm 130

#### Shutters

1. AD101	Cashier's Office
2. AD101	Cashier's Office – old #122
3. AD101	Security Office

#### Sandbag

1. AU108	124A E Side
2. AU108	114A W Side
3. AU108	003B Pit
4. AU108	001A Pit
5. AU108	119A N Side
6. AU108	120A N Side
7. AD101	100 W Side
8. AD101	101.6 E Side
9. AD101	Rm 108.1 Exterior door to room
10. AD101	Rm 116 Elevator

# PALM BEACH STATE COLLEGE

## BUILDING EXTERIOR DAMAGE ASSESSMENT

Date: \_\_\_\_\_ Name of Storm: \_\_\_\_\_ Campus: \_\_\_\_\_

Do not write in shaded areas

Building/Area Name: \_\_\_\_\_

Staff Name: \_\_\_\_\_ *Electronic photo required for all damage*

### Walls-Windows-Doors

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

Notes \_\_\_\_\_

### Building Roof

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

Notes \_\_\_\_\_

### Covered Walkway/Building Covered Overhang

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

Notes \_\_\_\_\_

GSF \_\_\_\_\_ NSF \_\_\_\_\_

# PALM BEACH STATE COLLEGE GROUNDS DAMAGE ASSESSMENT

*Electronic photo required for all damage*

Date: \_\_\_\_\_ Name of Storm: \_\_\_\_\_ Campus: \_\_\_\_\_

Staff Name: \_\_\_\_\_

(Circle appropriate item)

## Exterior Furniture - Bleachers - Flag Pole - Playground Equipment

Damaged/Destroyed \_\_\_\_\_ Description of damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes \_\_\_\_\_

## Fence

Type \_\_\_\_\_ Length/Quantity \_\_\_\_\_ Size/Height \_\_\_\_\_

Type \_\_\_\_\_ Length/Quantity \_\_\_\_\_ Size/Height \_\_\_\_\_

Type \_\_\_\_\_ Length/Quantity \_\_\_\_\_ Size/Height \_\_\_\_\_

Notes \_\_\_\_\_

## Lighting

Parking Lot Lights \_\_\_\_\_ Damaged/Destroyed \_\_\_\_\_ Number of lights \_\_\_\_\_

Decorative Lights \_\_\_\_\_ Damaged/Destroyed \_\_\_\_\_ Number of lights \_\_\_\_\_

Other Lights \_\_\_\_\_ Damaged/Destroyed \_\_\_\_\_ Number of lights \_\_\_\_\_

Notes \_\_\_\_\_

## Signs/Sign Post

Damaged/Destroyed \_\_\_\_\_ Type \_\_\_\_\_ Size/Height \_\_\_\_\_ Number \_\_\_\_\_

Damaged/Destroyed \_\_\_\_\_ Type \_\_\_\_\_ Size/Height \_\_\_\_\_ Number \_\_\_\_\_

Damaged/Destroyed \_\_\_\_\_ Type \_\_\_\_\_ Size/Height \_\_\_\_\_ Number \_\_\_\_\_

Notes \_\_\_\_\_

## Parking Lot/Roadways

Damage Description \_\_\_\_\_

\_\_\_\_\_

Notes \_\_\_\_\_

## Trees/Shrubs

Damaged/Destroyed \_\_\_\_\_ Type \_\_\_\_\_ Size/Height \_\_\_\_\_ Number \_\_\_\_\_

Damaged/Destroyed \_\_\_\_\_ Type \_\_\_\_\_ Size/Height \_\_\_\_\_ Number \_\_\_\_\_

Damaged/Destroyed \_\_\_\_\_ Type \_\_\_\_\_ Size/Height \_\_\_\_\_ Number \_\_\_\_\_

Notes \_\_\_\_\_

## VEHICLES/EQUIPMENT

Vehicle # - Equipment type	Damage Description
_____	_____
_____	_____
_____	_____
_____	_____

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING AA  
 AA102 – 1<sup>ST</sup> 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		
AA100	ENTRANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA100.1	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA100.2	ENTRANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA100.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA100.4	ENTRANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA100.5	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA100.6	ENTRANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA100.7	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA101	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA101.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA102	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA102.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA103	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA103.1	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA104	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA104.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING AA  
 AA102 – 1<sup>ST</sup> 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		
AA105	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA106	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA106.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA107	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA107.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA108	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA108.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA109	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA109.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA110	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA110.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA111	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA111.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA112	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA113	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA114	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING AA  
 AA102 -1<sup>ST</sup> 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		
AA115	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA116	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA116.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA117	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA117.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA118	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA118.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA119	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA119.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA120	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA120.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA121	SUPPLY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA121.1	SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA122	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA122.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA123	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING AA  
 AA102 - 1<sup>ST</sup> 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		
AA123.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA124	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA124.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA125	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA126	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA127	INSTR SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA128	TCHR MAIL RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA129	FACULTY WORKRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA130	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA130.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA131	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA131.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA131.2	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING AA  
 AA102 - 2<sup>ND</sup> 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		
AA200	ENTRANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA200.1	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA200.2	HALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA200.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA200.4	ENTRANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA200.5	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA200.6	HALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA200.7	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA201	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA201.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA202	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA202.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA203	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA203.1	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA204	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA204.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING AA  
 AA102 - 2<sup>ND</sup> 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		
AA205	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA206	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA206.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA207	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA207.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA208	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA208.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA209	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA209.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA210	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA210.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA211	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA211.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA211.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA212	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA212.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING AA  
 AA102 – 2<sup>ND</sup> 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		
AA213	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA213.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA214	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA214.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA215	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA215.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA216	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA216.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA217	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA217.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA218	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA218.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA219	FACULTY WORKRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA220	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA220.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA221	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING AA  
 AA102 – 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		
AA221.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA222	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA222.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA223	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA223.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA224	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA225	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA225.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA225.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA226	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA227	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA228	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA229	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA230	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA230.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA231	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA231.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AA231.2	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

ADMINISTRATION  
AD101 – 1<sup>ST</sup> 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	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD100.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD101	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD101.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD101.2	STAFF W. RESTRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD101.3	STAFF M. RESTRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD102	FINANCIAL AID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD103	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU104	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD105	KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD106	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD107	REGISTRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD107.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD108	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD108.1	RECORDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD108.2	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

ADMINISTRATION  
AD101 - 1<sup>ST</sup> 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		
AD109	INFO CENTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD110	ADMISSIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD110.1	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD111	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD111.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD112	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD113	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD113.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU114	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD114.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD115	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD116	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD117	CENTRAL RECEIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD118	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD118.1	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD119	WAITING RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

ADMINISTRATION  
AD101 – 1<sup>ST</sup> 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"/>		
AD120	BURSAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD120.1	KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD120.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD121	VAULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD122	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD123	SECURITY OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD123.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

ADMINISTRATION  
AD101 – 2<sup>ND</sup> 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		
AD200	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD200.1	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD200.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD200.3	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD201	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD202	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD203	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD203.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU204	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD204.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD205	WAITING RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD205.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD206	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD207	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD207.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD207.2	KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

ADMINISTRATION  
AD101 - 2<sup>ND</sup> 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"/>		
AD207.3	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD208	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD208.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD208.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD209	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD209.1	KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD209.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD209.3	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU210	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD211	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD212	OFFICE-PRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD213	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD214	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 EISSEY CAMPUS THEATER  
 AU108 -0 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"/>		
AU001		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU001.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU001.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU002		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 EISSEY CAMPUS THEATER  
 AU108 -1<sup>ST</sup> Floor

Date: \_\_\_\_\_

Name of Storm: \_\_\_\_\_

Staff Name: \_\_\_\_\_

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

Room Number	Room Description	Damage Occurred?		Photo	Initial when Complete
		Yes	No		
AU100	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU100.1	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU100.2	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU100.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU100.4	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU101	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU101.1	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU102	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU102.1	TKT OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU103	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU103.1	TKT OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU104	CONCESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU105	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU106	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU107	LOBBY (SIDE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU107.1	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 EISSEY CAMPUS THEATER  
 AU108 -1<sup>ST</sup> Floor

Date: \_\_\_\_\_

Name of Storm: \_\_\_\_\_

Staff Name: \_\_\_\_\_

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

Room Number	Room Description	Damage Occurred?		Photo	Initial when Complete
		Yes	No		
AU108	ORCHESTRA SEAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU108.1	ORCHESTRA PIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU108.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU108.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU108.4	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU109	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU110	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU111	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU112	STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU113	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU114	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU115	M. DRESSING RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU116	W. DRESSING RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU117	EQUIPMENT RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU118	FIRE PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU119	DIMMER RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 EISSEY CAMPUS THEATER  
 AU108 -1<sup>ST</sup> 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		
AU120	FAN ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU121	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU121.1	MANLIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU122	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU123	LOBBY (SIDE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU123.1	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU124	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU125	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU126	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU127	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 EISSEY CAMPUS THEATER  
 AU108 -2<sup>ND</sup> 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		
AU201	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU202	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU203	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU204	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU205	CONTROL RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU206	BALCONY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU207	EAST TORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU208	WEST TORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU209	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU210	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU211	PRESIDENT'S BOX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU212	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU213	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU214	MANLIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ROOM NUMBER SHEET**

**AU108 -3<sup>RD</sup> Floor**

Name of Storm: \_\_\_\_\_

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

[illegible]



**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 EISSEY CAMPUS THEATER  
 AU108 -4<sup>TH</sup> 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		
AU401	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AU402	MANLIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING BB  
 BB111 – 1<sup>ST</sup> 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		
BB100	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB100.1	OPEN EXHIBIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB100.2	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB101	APP DESIGN LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB101.1	REPRODUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB101.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB101.3	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB102	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB103	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB104	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB105	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB106	DARKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB107	PHOTOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB107.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB107.2	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB107.3	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING BB  
 BB111 - 1<sup>ST</sup> 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		
BB108	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB108.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB108.2	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB108.3	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB108.4	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB109	OIL PAINTING LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB109.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB109.2	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB109.3	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB110	CONTROL RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB111	LECTURE HALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB111.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB111.2	WHEELCHR SEAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB111.3	RAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB111.4	PLATFORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB111.5	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING BB  
 BB111 – 1<sup>ST</sup> 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		
BB111.6	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB111.7	WHEEL CHR SEAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB111.8	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB113	SECURED EXHIBIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB114	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB114.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB115	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB116	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB117	ART DESIGN LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB117.1	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB117.2	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB117.3	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB117.4	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB118	EXHIBIT STOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB118.1	SECURED EXHIBIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB119	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING BB  
 BB111 – 1<sup>ST</sup> 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"/>		
BB120	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB121	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB121.1	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB122	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB123	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB123.1	SECURED EXHIBIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB124	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB125	CERAMICS LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB125.1	KILN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB125.2	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB125.3	PROJ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB125.4	MTRL STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING BB  
 BB111 – 2<sup>ND</sup> 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		
BB200	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB200.1	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB201	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB201.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB201.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB201.3	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB201.4	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB201.5	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB201.6	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB201.7	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB201.8	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB201.9	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB202	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB203	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB204	READING LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB204.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING BB  
 BB111 – 2<sup>ND</sup> 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		
BB204.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB205	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB206	READING LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB206.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB206.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB206.3	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB207	SLC LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB207.1	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB207.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB208	MATH LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB209	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB210	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB211	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB212	TUTOR ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB213	TUTOR ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB214	AV STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING BB  
 BB111 – 2<sup>ND</sup> 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		
BB215	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB215.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB215.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB215.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB216	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB217	WOMEN'S RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB219	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB221	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB222	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB222.1	COMPRESSOR ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB223	MEN'S 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"/>	



**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING BB  
 BB111 - 3<sup>RD</sup> 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		
BB300	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB300.1	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB300.2	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB301	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB301.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB301.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB301.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB302	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB303	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB303.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB303.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB304	AUDIO/VISUAL STO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB305	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB306	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB307	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB308	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING BB  
 BB111 - 3<sup>RD</sup> 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		
BB309	CONF/CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB310	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB310.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB310.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB310.3	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB310.4	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB310.5	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB310.6	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB311	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB312	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB313	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB314	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB315	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB316	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB317	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB318	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CLASSROOM BUILDING BB  
 BB111 – 3<sup>RD</sup> 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		
BB319	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB320	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB321	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB321.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB321.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB321.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB322	AUDIO/VISUAL STO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB323	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB323.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB323.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB323.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB324	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB325	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB327	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB328	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB329	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB330	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BURT REYNOLDS STUDENT CENTER  
 BR106 – 1<sup>ST</sup> 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		
BR100	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR100.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR100.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR100.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR100.4	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR100.5	BREAK ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR100.6	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR101	BOOKSTORE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR102	RECEIV / WORKRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR102.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR103	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR103.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR104	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR104.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR105	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR106	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BURT REYNOLDS STUDENT CENTER  
 BR106 – 1<sup>ST</sup> 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		
BR106.1	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR106.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR107	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR107.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR108	KITCHEN PREP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR108.1	KITCHEN PREP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR109	KITCHEN PREP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR110	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR110.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR111	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR112	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR113	RECEIVING/STOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR114	WALK-IN REFRIDG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR114.1	WALK-IN FREEZER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR115	DISHWASHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR115.1	HALLWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BURT REYNOLDS STUDENT CENTER  
 BR106 – 1<sup>ST</sup> 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"/>		
BR116	MULTI-PURPOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR116.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR117	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR118	MULTI-PURPOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR118.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR119	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR120	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR121	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR122	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR123	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR124	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR125	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR126	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR127	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR128	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR129	STUDENT SVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BURT REYNOLDS STUDENT CENTER  
 BR106 – 1<sup>ST</sup> 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		
BR129.1	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR129.2	INTERVIEW RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR129.3	INTERVIEW RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR130	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR131	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR132	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR133	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR134	ENROLLMENT CNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR135	TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR135.1	TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR135.2	TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR135.3	TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR135.4	TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR135.5	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR136	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR137	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BURT REYNOLDS STUDENT CENTER  
 BR106 – 1<sup>ST</sup> 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"/>		
BR138	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR139	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR140	STUDENT LOUNGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR141	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR142	CLUB ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR143	MEETING RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR144	BREAK RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR145	STUDENT LOUNGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR146	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BR147	W. 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"/>	



**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CENTER - EARLY LEARNING  
 CEL115 -- 1<sup>ST</sup> 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		
CEL100	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL100.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL100.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL100.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL101	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL102	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL103	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL104	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL105	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL106	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL107	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL108	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL109	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL110	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL110.1	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL111	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CENTER - EARLY LEARNING  
 CEL115 – 1<sup>ST</sup> 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		
CEL112	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL113	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL114	LAUNDRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL115	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL116	KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL117	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EL117.1	OBSERVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL117.2	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL117.3	CHANGING RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL117.4	FEEDING RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL117.5	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL118	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL119	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL120	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL120.1	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL120.2	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CENTER - EARLY LEARNING  
 CEL115 – 1<sup>ST</sup> 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		
CEL120.3	OBSERVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL121	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL121.1	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL122	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL122.1	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL122.2	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL122.3	OBSERVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL123	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL123.1	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEL124	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CENTRAL MECHANICAL PHYSICAL PLANT  
 CM103 – 1<sup>ST</sup> 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		
CM101	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM102	EMER GENERATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM103	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CM103.1	LOFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

CHILLER BUILDING  
CMB118 – 1<sup>st</sup> 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		
CMB101	CHILLER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 CONCESSION BUILDING  
 CN120 – 1<sup>st</sup> 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"/>		
CN101	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CN102	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CN103	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 FACILITIES BUILDING  
 FN117 – 1<sup>st</sup> 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		
FN100	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN100.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN100.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN101	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN102	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN103	ELECTRICAL/ MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN104	KITCHENETTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN104.1	BREAKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN105	SHOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN106	WAREHOUSE/ EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN107	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN108	DATA CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN109	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN110	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FN111	CONFERENCE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 FACILITIES BUILDING  
 FN117 – 1<sup>st</sup> 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
FN112	CENTRAL REC./ OFFICE	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"/>	



**GREEN HOUSE**  
**GH110 – 1<sup>ST</sup> Floor**

Staff Name: \_\_\_\_\_

[illegible]

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 PHILLIP D. LEWIS CENTER  
 LC107 – 1<sup>ST</sup> 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		
LC100	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC100.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC101	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC101.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC102	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC102.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC103	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC103.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC104	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC104.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC105	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC105.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC106	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC106.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC106.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC106.3	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 PHILLIP D. LEWIS CENTER  
 LC107 – 1<sup>ST</sup> 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		
LC107	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC107.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC107.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC108	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC108.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC108.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC108.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC109	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC109.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC110	CLINIC LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC110.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC110.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC111	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC111.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC111.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC112	TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

PHILLIP D. LEWIS CENTER  
 LC107 – 1<sup>ST</sup> 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		
LC112.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC113	VOC SCIENCE LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC113.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC113.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC113.3	COMP RESOURCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC113.4	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC114	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC114.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC115	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC116	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC117	E.M.T. LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC117.1	REPRODUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC117.2	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC117.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC117.4	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC118	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC118.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 PHILLIP D. LEWIS CENTER  
 LC107 – 1<sup>ST</sup> 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		
LC119	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC120	RADIOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC120.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC121	RADIOGR. LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC121.1	X-RAY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC121.2	X-RAY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC121.3	DARKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC121.4	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC122	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC122.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC123	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC123.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC124	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC125	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC126	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC127	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 PHILLIP D. LEWIS CENTER  
 LC107 – 1<sup>ST</sup> 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"/>		
LC128	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC128.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC129	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC129.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC130	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC131	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC132	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC133	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"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 PHILLIP D. LEWIS CENTER  
 LC107 – 2<sup>ND</sup> 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		
LC200	BRIDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC200.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC200.2	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC201	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC201.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC201.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC201.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC201.4	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC201.5	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC202	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC202.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC203	COMP CLASSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC203.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC203.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC204	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC204.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 PHILLIP D. LEWIS CENTER  
 LC107 - 2<sup>ND</sup> 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		
LC205	COMP. CLASSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC205.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC206	COMP. CLASSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC206.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC206.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC207	COMP. CLASSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC207.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC207.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC208	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC209	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC210	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC211	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC211.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC212	COMP. CLASSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC212.1	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC213	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 PHILLIP D. LEWIS CENTER  
 LC107 -- 2<sup>ND</sup> 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		
LC214	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC215	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC215.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC215.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC216	COURTYARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC217	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC217.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC217.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC218	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC218.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC219	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC219.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC219.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC220	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC220.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC220.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 PHILLIP D. LEWIS CENTER  
 LC107 - 2<sup>ND</sup> 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		
LC221	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC222	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC222.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC223	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LC223.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 LIBRARY LEARNING RESOURCE CENTER  
 LL104 - 1<sup>ST</sup> 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		
LL100	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL101	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL101.1	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL102	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL103	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL104	READING AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL105	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL106	MEDIA SVC/ INSTR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL106.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL106.2	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL106.3	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL107	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL107.1	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL108	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL109	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL110	GEN. STACKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL110.1	CIRCULATION/RECI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 LIBRARY LEARNING RESOURCE CENTER  
 LL104 - 1<sup>ST</sup> 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		
LL111	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL112	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL113	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL114	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL115	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL116	LOUNGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL117	TECHNICAL PROC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL118	STU COMPUTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL119	FILE SERVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL120	PERIODICAL AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL121	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL121.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL122	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL123	REFERENCE AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL123.1	STUDY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL123.2	STUDY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 LIBRARY LEARNING RESOURCE CENTER  
 LL104 – 1<sup>ST</sup> 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		
LL123.3	STUDY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL123.4	STUDY ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL124	LAW LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL124.1	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL124.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL124.3	QUIET ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL124.4	QUITE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL124.5	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL124.6	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL125	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 LIBRARY LEARNING RESOURCE CENTER  
 LL104 – 2<sup>ND</sup> 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		
LL200	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL200.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL200.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL200.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL200.4	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL200.5	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL200.6	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL200.7	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL200.8	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL201	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL201.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL202	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL202.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL203	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL204	ELEV. EQUIP RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL205	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL205.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 LIBRARY LEARNING RESOURCE CENTER  
 LL104 – 2<sup>ND</sup> 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		
LL205.2	KITCHENETTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL205.3	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL205.4	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL206	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL206.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL207	AUDIO VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL208	SECRETARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL208.1	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL208.2	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL209	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL209.1	EDITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL209.2	EDITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL209.3	VIDEO EDITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL210	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL211	OUTSIDE BALCONY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL212	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL212.1	DATA CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 LIBRARY LEARNING RESOURCE CENTER  
 LL104 – 2<sup>ND</sup> 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		
LL213	SOUND EDITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL213.1	FOLEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL214	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL215	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL215.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL216	T.V. STUDIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL216.1	RELAT. CLASSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL216.2	CONTROL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL217	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL218	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL219	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL220	PREP STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL221	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL222	PHYSICS LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL222.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL223	BIOLOGY LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL223.1	SCIENCE PREP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 LIBRARY LEARNING RESOURCE CENTER  
 LL104 – 2<sup>ND</sup> 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		
LL223.2	ANIMAL PREP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL223.3	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL223.4	PREPARATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL224	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL224.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL225	CHEM LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL225.1	PREPARATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL225.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL225.3	BALANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL225.4	SCIENCE PREP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL225	CHEM LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL226	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL226.1	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL227	JANITORIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL228	LAW LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL228.1	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LL228.2	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 THEATRE MOD  
 MOD125 – 1<sup>st</sup> 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		
MOD125	THEATRE MOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 – 1<sup>st</sup> 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		
SC100	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC100.1	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC100.2	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC100.3	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC100.4	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC100.5	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC100.6	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC100.7	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC100.8	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC101	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC101.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC102	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC102.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC103	MAINTENANCE STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC104	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 - 1<sup>st</sup> 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		
SC105	ENVIRON SCIENCE LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC105.1	PREP/ STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC106	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC107	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC108	MECHANICAL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC109	CLASSROOM LABORATORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC110	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC111	ELECTRICAL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC112	MAINTENANCE STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC113	ELEVATOR EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC114	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC115	EPT WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC116	DATA/ TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC117	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC118	WELLNESS CTR RECEPT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 – 1<sup>st</sup> 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		
SC118.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC119	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC120	CONSULTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC121	AEROBICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC122	M. LOCKER RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC122.1	HALLWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC122.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC122.3	M. SHOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC122.4	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC122.5	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC123	CONSULTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC124	CONSULTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC125	W. LOCKER RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC125.1	HALLWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC125.2	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 – 1<sup>st</sup> 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		
SC125.3	W. SHOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC125.4	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC125.5	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC126	FITNESS/ WEIGHT ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC126.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC126.2	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC127	MULTIMEDIA LECTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC127.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC128	ELECTRICAL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC129	CONTROL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC130	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC130.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC131	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC132	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC133	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 - 1<sup>st</sup> 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		
SC134	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC135	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC136	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC137	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC138	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC139	DATA/ TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC140	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC141	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC142	FACULTY WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC143	ANATOMY/ PHYSIO CLSRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC144	BIOLOGY LAB II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC145	BIOLOGY PREP/STRG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC146	BIOLOGY LAB I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC147	STAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC148	MECHANICAL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

BIOSCIENCE BUILDING  
SC116 – 1<sup>st</sup> 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		
SC149	PHYSICS SCIENCE LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC150	PHYSICS SCIENCE PREP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC151	PHYSICS LAB I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC152	SEMINAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC152.1	ACOUSTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC152.2	ROBOTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC152.3	SPECIAL INSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC152.4	OPTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC153	STOCKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC154	PHYSICS CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC155	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC156	ELEVATOR EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC157	ELEVATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC158	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC158.1	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 – 1<sup>st</sup> 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		
SC159	CONFERENCE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC160	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC161	LECTURE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC161.1	CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC162	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC163	FACILITIES STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC164	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC165	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC166	STAIRWALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC167	ELECTRICAL ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC168	MAINTENANCE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC169	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC170	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC171	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC172	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 – 2<sup>nd</sup> 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		
SC200	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC200.1	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC200.2	LOBBY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC200.3	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC200.4	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC200.5	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC200.6	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC200.7	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC200.8	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC200.9	CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC201	CONFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC202	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC202.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC203	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC203.1	VESTIBULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 – 2<sup>nd</sup> 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		
SC204	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC204.1	FILE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC204.2	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC204.3	HALLWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC205	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC206	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC207	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC208	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC209	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC210	FACULTY WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC211	BIO-TECH CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC212	STAIRWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC212.1	SHIP'S LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC213	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC214	BIO-TECH LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 – 2<sup>nd</sup> 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		
SC215	BIO-TECH LAB_SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC216	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC217	PREP/ STORAGE RM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC218	DATA/ TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC219	PREP ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC220	HORTICULTURE LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC221	HORTICULTURE LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC222	PREP ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC223	BOTANY LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC224	EARTH SCIENCE LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC225	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC226	A.V. STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC227	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC228	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC229	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 – 2<sup>nd</sup> 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		
SC230	DATA/ TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC231	ANATOMY/ PHYSIO LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC232	PREP ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC233	ANATOMY PHYSIO LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC234	FLEX ANATOMY PHYSIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC235	PREP ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC236	MICROBIOLOGY LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC237	STAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC237.1	SHIP'S LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC238	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC239	ORGANIC CHEMISTRY LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC240	PREP ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC241	CHEMISTRY LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC241.1	INSTRUMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC242	CHEMISTRY LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**  
 BIOSCIENCE BUILDING  
 SC116 – 2<sup>nd</sup> 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		
SC243	PREP ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC244	FLEX LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC245	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC246	RECEPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC246.1	HALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC247	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC248	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC249	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC250	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC251	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC252	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC253	WORKROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC254	M. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC255	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC256	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PALM BEACH STATE COLLEGE**  
**CAMPUS: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

BIOSCIENCE BUILDING  
SC116 – 2<sup>nd</sup> 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		
SC257	DATA/ TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC258	CUSTODIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC259	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC260	STAIRWELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC261	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC262	I.T. STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC263	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC264	CLASSROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC265	W. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC266	STUDENT/ STAFF SEMINAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC267	WIFI BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC268	CONFERENCE ROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

STORAGE TRAILER  
ST254 – 1<sup>ST</sup> 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		
ST101	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ST101.1	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ST101.2	WORK AREA/ 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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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: PALM BEACH GARDENS**  
**ROOM NUMBER SHEET**

STORAGE TRAILER  
STR253 – 1<sup>ST</sup> 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		
STR101	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STR101.1	HALLWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STR102	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STR103	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STR103.1	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STR104	U. RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STR105	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STR106	OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STR106.1	DATA/TELECOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# PALM BEACH STATE COLLEGE INTERIOR DAMAGE ASSESSMENT

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

Building/Area Name: \_\_\_\_\_ Area/Room #: \_\_\_\_\_

Staff Name: \_\_\_\_\_ *Electronic photo required for all damage*

## Ceiling

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

Notes \_\_\_\_\_

## Walls-Windows-Doors

- ☐ Drywall wet/damaged ceiling down - N \_\_\_'x\_\_\_' S \_\_\_'x\_\_\_' E \_\_\_'x\_\_\_' W \_\_\_'x\_\_\_'
- ☐ Drywall wet/damaged floor up - N \_\_\_'x\_\_\_' S \_\_\_'x\_\_\_' E \_\_\_'x\_\_\_' W \_\_\_'x\_\_\_'
- ☐ Drywall wet/damaged below window - N \_\_\_'x\_\_\_' S \_\_\_'x\_\_\_' E \_\_\_'x\_\_\_' W \_\_\_'x\_\_\_'
- ☐ Window/Frame destroyed - N \_\_\_'x\_\_\_' S \_\_\_'x\_\_\_' E \_\_\_'x\_\_\_' W \_\_\_'x\_\_\_'
- ☐ Window/Frame broken/damaged - N \_\_\_'x\_\_\_' S \_\_\_'x\_\_\_' E \_\_\_'x\_\_\_' W \_\_\_'x\_\_\_'
- ☐ Door/Frame destroyed - N \_\_\_'x\_\_\_' S \_\_\_'x\_\_\_' E \_\_\_'x\_\_\_' W \_\_\_'x\_\_\_'
- ☐ Door/Frame broken/damaged - N \_\_\_'x\_\_\_' S \_\_\_'x\_\_\_' E \_\_\_'x\_\_\_' W \_\_\_'x\_\_\_'

Notes \_\_\_\_\_

## Flooring

- ☐ Carpet wet/damaged at door \_\_\_'x\_\_\_'
- ☐ Carpet wet/damaged below window - N \_\_\_'x\_\_\_' S \_\_\_'x\_\_\_' E \_\_\_'x\_\_\_' W \_\_\_'x\_\_\_'
- ☐ Carpet wet/damaged at room interior \_\_\_'x\_\_\_'
- ☐ Vinyl tile wet/damaged - N \_\_\_'x\_\_\_' S \_\_\_'x\_\_\_' E \_\_\_'x\_\_\_' W \_\_\_'x\_\_\_'

Notes \_\_\_\_\_

## Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Description & electronic photo of damage required**

**Do not write in shaded areas**

Area/Room #: \_\_\_\_\_

[illegible]

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

Date: \_\_\_\_\_

Campus: Palm Beach Gardens

Name of Storm: \_\_\_\_\_

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

Bldg #	Building Name	Description of Damage	OCCUPANCY		Est. Cost
			YES	NO	
AD101	ADMINISTRATION				
AA102	CLASSROOM BLDG AA				
CM103	CENTRAL MECHANICAL				
LL104	LLRC/LAB				
BR106	REYNOLDS STUDENT CTR				
LC107	LEWIS CENTER				
AU108	EISSEY CAMPUS THEATRE				
GH110	GREENHOUSE/NURSERY				
BB111	CLASSROOM BLDG BB				
CEL116	CTR FOR EARLY LEARNING				
SC116	BIOSCIENCE BUILDING				
FN117	FACILITIES BUILDING				
CMB118	CHILLER BUILDING				
CN120	CONCESSION BUILDING				
MOD125	THEATRE MOD				
STR253	STORAGE TRAILER				
ST254	STORAGE TRAILER				
Grounds	Rose Zone				
	Copper 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