PALM BEACH STATE COLLEGE PRE-STORM WORK ASSIGNMENT FORM

Name of Storm:	Campus:	Palm Beach Gardens
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Directions: Forward completed form to Director of Facilities

BLDG#	BLDG NAME	ASSIGN TO:	COMPLETED FORM RETURNED BY	DATE	TIME
AD101	ADMINISTRATION				
AA102	CLASSROOM BLDG AA				
CM103	CENTRAL MECHANICAL				-
LL104	LIBRARY RESOURCE CTR				
BR106	BURT REYNOLDS CTR				
LC107	LEWIS CTR				
AU108	EISSEY CAMPUS THEATRE				
GH110	GREENHOUSE				
BB111	CLASSROOM BLDG BB				
CEL115	CTR FOR EARLY LEARNING				
SC116	BIOSCIENCE BLDG		•		
FN117	FACILITIES BLDG				
CMB118	CHILLER BLDG				
CN120 -	CONCESSION BLDG				
MOD125	THEATRE MOD				
STR253	STORAGE TRAILER				
ST254	STORAGE TRAILER				
SITE	Grounds, Roadways & Parking Lols				
	ZONE 1 - ROSE ZONE				
	ZONE 2 - COPPER ZONE				
	ZONE 3 - AQUA ZONE				
	ZONE 4 - BLUE ZONE				
Misc	Other			•	
-					
		_	<u></u>	}	

PALM BEACH STATE COLLEGE

PRE-STORM BUILDING CHECKLIST

Date:	Name of Storm:	Campus: PALM BEACH GARDENS
Staff Name:		_
		Initial Whe Completed
Check gutte	ers, remove obstructions from roofs	All Buildings
Ensure all v	windows are shut and latched	All Buildings
Secure all I	ouilding doors, interior and exterior	All Buildings
√ Secure sm	oke hatches & lock down roof hatch	es BB BR AA
√ Lock eleva	tors at top floor with door closed	AA AU LC AD BB LL
√ Install shut	ters on designated areas	AD
√ Sandbag id	dentified areas	AU AD
Additional Co	omments	

SUBMIT COMPLETED CHECKLIST TO PLANT SUPERVISOR

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

Smoke	/Roof	Hatches
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Building#	<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 rd floor
9. AU108	Rm 112 over stage on room

Elevators

		H
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

<u>Shutters</u>

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

Hurricane Preparedness Form 2B NOTE: Complete Form 2A – Pre-Storm Building Checklist

PALM BEACH STATE COLLEGE BUILDING EXTERIOR DAMAGE ASSESSMENT

Date: Name of Storm:	Campus:shaded areas	
Building/Area Name:		
Staff Name:	Electronic photo required for all damage	
Walls-Windows-Doors □ Exterior wall collapsed/destroyed		
GSF IN INSERT THE INSERT OF TH		

PALM BEACH STATE COLLEGE GROUNDS DAMAGE ASSESSMENT

Electronic photo required for all damage

Date:	Name of Storm:		
Staff Name:			
(Circle appropriate item	١		
Exterior Furniture -	/ Bleachers - Flaα Pole	- Playground Equipment	
	Description of		
	D C C C C C C C C C C C C C C C C C C C		
			-
<u>Fence</u>			
Type	Length/Quantity Length/Quantity	Size/Height_	
Type	Length/Quantity	Size/Height_	
Туре	Length/Quantity	Size/Height_	
Notes			
I imbita			
Lighting	DansaradiDashusuad	Niveshau af liabia	
Parking Lot Lights	Damaged/Destroyed	Number of lights	
Decorative Lights	Damaged/Destroyed	Number of lights	
Other Lights		Number of lights	
Notes			_
Signs/Sign Post			
	Tyna	Size/Height	Number
Damaged/Destroyed	Type	Size/Height	Number Number
Damaged/Destroyed	Type	Size/Height	Number
			Number
110100			
Parking Lot/Roadwa	ıvs		
Notes			
			-
Trees/Shrubs	_	0′ // 11	Nr. 1
Damaged/Destroyed	Type	_ Size/Height	Number
Damaged/Destroyed	Type	Size/Height	Number
	Type	Size/Height	Number
Notes			
	VEHICLES/E	EQUIPMENT	
		_	
Vehicle # - Equipment t	уре	Damage Description	

ROOM NUMBER SHEET

CLASSROOM BUILDING AA AA102 – 1ST Floor

Date: _____

Name of Storn	n:				
Staff Name: _					
IF INTERIO	R DAMAGE IS N	IOTED, (COMPLE	TE FORM	1S 5A and 5B.
Room Number	Room Description		rred?	Photo	Initial when Complete
AA100	ENTRANCE	Yes Yes	No No		
AA100.1	LOBBY				
AA100.2	ENTRANCE	Yes	No 🗆		
AA100.3	CORRIDOR	Yes	No 🗆		
AA100.4	ENTRANCE	Yes	No		
AA100.5	LOBBY	Yes	No D		
AA100.6	ENTRANCE	Yes	No .		
AA100.7	CORRIDOR	Yes	No .		
AA101	OFFICE	Yes	No		
AA101.1	CLOSET	Yes	No □		
AA102	OFFICE	Yes	No		
AA102.1	CLOSET	Yes	No		
AA103	MECHANICAL	Yes	No 🗆		
AA103.1	DATA/TELECOM	Yes	No D		
AA104	OFFICE	Yes	No D		
AA104.1	CLOSET	Yes	No □		

AA104.1

ROOM NUMBER SHEET

CLASSROOM BUILDING AA AA102 – 1ST Floor

Date:
Name of Storm:
Staff Name:
IF INTERIOR DAMAGE IS NOTED, COMPLETE FORMS 5A and 5B.

Room Number	Room Description	Damage Occurred?		Photo	Initial when Complete
Number	T DOGGNATION	Yes	No		
AA105	ELEVATOR				
, <u>, , , , , , , , , , , , , , , , , , </u>		Yes	No		
AA106	OFFICE				
		Yes	No		
AA106.1	CLOSET		<u> </u>	<u> </u>	
<u> </u>		Yes	No		
AA107	OFFICE	<u> </u>		<u> </u>	
		Yes	No		
AA107.1	CLOSET	<u> </u>	No	 _ 	
	0.55105	Yes	I NO		
AA108	OFFICE	Yes	No No		
	OLOCET.	162	```		
AA108.1	CLOSET	Yes	No L	 _ 	
	OFFICE	1 163	"-		
AA109	UFFICE.	Yes	H _{No}	<u> </u>	
AA109.1	CLOSET	" -		ļ —	
AA 109.1	- CEOSE 1	Yes	No No	 _ 	
AA110	OFFICE		_		
AA110	011101	Yes	No		
AA110.1	CLOSET				
74110.1	02002	Yes	No		
AA111	CLASSROOM				
77(1)		Yes	No		
AA111.1	CLOSET				
		Yes	No	T	
AA112	CLASSROOM				
		Yes	No		
AA113	CLASSROOM			$\perp \Box$	
		Yes	No		
AA114	CLASSROOM				

ROOM NUMBER SHEET

CLASSROOM BUILDING AA AA102 –1ST Floor

Date:		<u>-</u> -			
Name of Storn	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	NOTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Occu	nage irred?	Photo	Initial when Complete
AA115	CLASSROOM	Yes	No		
AA116	OFFICE	Yes	No 🔲		
AA116.1	CLOSET	Yes	No		
AA117	OFFICE	Yes	No 🗆		
AA117.1	CLOSET	Yes	No 🗆		
AA118	OFFICE	Yes	No 🗆		
AA118.1	CLOSET	Yes	No		
AA119	OFFICE	Yes	No .		
AA119.1	CLOSET	Yes	No 🗆		
AA120	OFFICE	Yes	No		
AA120.1	CLOSET	Yes	No		
	+	Yes	No	1	

SUPPY ROOM

SERVICE

OFFICE

CLOSET

OFFICE

Yes

Yes

Yes

Yes

No

No

No

AA121

AA121.1

AA122

AA122.1

AA123

ROOM NUMBER SHEET

CLASSROOM BUILDING AA AA102 – 1ST Floor

Date:					
Name of Storr	m:	_			
Staff Name: _					
			. a seni F	TE FORM	IC EA and ER
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	IE FORW	13 5A and 5B.
Room Number	Room Description	Dam Occu		Photo	Initial when Complete
AA123.1	CLOSET	Yes	No		
AA124	CLASSROOM	Yes	No		
AA124.1	CLOSET	Yes	No No		
AA125	CLASSROOM	Yes Yes	No		
AA126	CLASSROOM	Yes	No No		
AA127	INSTR SUPPORT		No.		
AA128	TCHR MAIL RM	Yes			
AA129	FACULTY WORKRM	Yes	No 🗆		
AA130	M. RESTROOM	Yes	No No		
AA130.1	VESTIBULE	Yes	No No		
AA131	W. RESTROOM	Yes	No No		
AA131.1	VESTIBULE	Yes	No No		
AA131.2	JANITORIAL	Yes	No No		
		<u> </u>	No	<u> </u>	
		Yes			
		Yes	No □	[7]	

ROOM NUMBER SHEET

CLASSROOM BUILDING AA AA102 – 2ND Floor

Date:					
Name of Storn	m:	_			
Staff Name: _					
			SAMPLE	*C CODM	C EA and FR
IF INTERIO	R DAMAGE IS N	IOTED, C	COMPLE	IE FURIVI	5 5A and 5D.
Room	Room	Dam		Photo	Initial when Complete
Number_	Description	Occu		PIIOIO	Initial When complete
AA200	ENTRANCE	Yes	No 🗀		
AA200.1	LOBBY	Yes	No	_□	
AA200.2	HALL	Yes	No		
AA200.3	CORRIDOR	Yes	No		
AA200.4	ENTRANCE	Yes	No 🗀		
AA200.5	LOBBY	Yes	No		
AA200.6	HALL	Yes	No 🗆		
AA200.7	CORRIDOR	Yes	No 🗆		
AA201	OFFICE	Yes	No		
AA201.1	CLOSET	Yes	No 🗆		
AA202	OFFICE	Yes	No		
AA202.1	CLOSET	Yes	No No		
AA203	MECHANICAL	Yes			
AA203.1	ELEV. EQUIP RM	Yes	No 🔲		
AA204	OFFICE	Yes	No No		
		Yes	No	1	

CLOSET

AA204.1

ROOM NUMBER SHEET

CLASSROOM BUILDING AA AA102 – 2ND Floor

Date:					
Name of Storr	n:	_			
Staff Name: _					
IF INTERIC	OR DAMAGE IS N	IOTED, (COMPLE	TE FORM	S 5A and 5B.
Room Number	Room Description		rred?	Photo	Initial when Complete
AA205	ELEVATOR	Yes	No □		
AA206	OFFICE	Yes	No		
AA206.1	CLOSET	Yes	No 🔲		
AA207	OFFICE	Yes	No		
AA207.1	CLOSET	Yes	No		
AA208	OFFICE	Yes	No 🔲		
AA208.1	CLOSET	Yes	No 🔲		
AA209	OFFICE	Yes	No 🔲		
AA209.1	CLOSET	Yes	No 🗆		
AA210	OFFICE	Yes	No 📗	<u> </u>	
AA210.1	CLOSET	Yes	No 🗆		
AA211	CLASSROOM	Yes	No		
AA211.1	CLOSET	Yes	No 🗆		
AA211.2	CLOSET	Yes	No		
AA212	CLASSROOM	Yes	No D		
	i	Yes	No	I	l .

CLOSET

AA212.1

ROOM NUMBER SHEET

CLASSROOM BUILDING AA AA102 – 2ND Floor

Date:					
Name of Storr	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description		nage irred?	Photo_	Initial when Complete
AA213	CLASSROOM	Yes	No No		
AA213.1	CLOSET	Yes			
AA214	CLASSROOM	Yes	No No		
AA214.1	CLOSET	Yes Yes	No No		
AA215	OFFICE	Yes	No		
AA215.1	CLOSET				
AA216	OFFICE	Yes	No 🗆		
AA216.1	CLOSET	Yes	No D		
AA217	OFFICE	Yes	No		
AA217.1	CLOSET	Yes	No		
AA218	OFFICE	Yes	No		
AA218.1	CLOSET	Yes	No D		
AA219	FACULTY WORKRM	Yes	No No		
AA220	OFFICE	Yes	No	<u> </u>	
AA220.1	CLOSET	Yes			
ΛΛ221	OFFICE	Yes	No ┌┐		

ROOM NUMBER SHEET

CLASSROOM BUILDING AA AA102 – 2nd Floor

Date:					
Name of Storm	; <u></u>	_			
Staff Name:					
IF INTERIOR	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	S 5A and 5B.
Room Number	Room Description	Dam Occui	rred?	Photo_	Initial when Complete
AA221.1	CLOSET	Yes	No No		
AA222	OFFICE	Yes	No No		
AA222.1	CLOSET	Yes		_□_	
AA223	OFFICE	Yes	No 🔲		· · · · · ·
AA223.1	CLOSET	Yes	No 🔲		
AA224	STORAGE	Yes	No		
AA225	CLASSROOM	Yes	No		
AA225.1	STORAGE	Yes	No 🗆		
AA225.2	CLOSET	Yes	No 🗆		
AA226	CLASSROOM	Yes	No 🔲		
AA227	CLASSROOM	Yes	No 🗆		
AA228	CLASSROOM	Yes	No		
AA229	CLASSROOM	Yes	No		
AA230	M. RESTROOM	Yes	No 🗀		
AA230.1	VESTIBULE	Yes	No		
AA231	W. RESTROOM	Yes	No 🗆		
AA231.1	VESTIBULE	Yes	No □		
AA231.2	JANITORIAL	Yes	No 🗆		

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

ADMINISTRATION AD101 - 1ST Floor

Date:					
Name of Storm	m:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occu	rred?	Photo	Initial when Complete
AD100	LOBBY	Yes	No No		
AD100.1	CORRIDOR	Yes	No No	_ 🖵 📗	
AD101	SECRETARY	Yes Yes	No No		
AD101.1	STORAGE	Yes	No —		
AD101.2	STAFF W. RESTRM	Yes	No		
AD101.3	STAFF M. RESTRM	Yes	No		
AD102	FINANCIAL AID	Yes	No		
AD103	OFFICE	Yes	No		
AU104	OFFICE	Yes	No No		
AD105	KITCHEN	Yes	No		
AD106	OFFICE	Yes	No No	<u> </u>	
AD107	REGISTRATION	Yes	No No	 □	
AD107.1	OFFICE	Yes	No No		
AD108	WORKROOM	Yes	No		
AD108.1	RECORDS	Yes	No No		
AD108.2	CONFERENCE				

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

ADMINISTRATION AD101 – 1ST Floor

Date:					
Name of	Storm:	_			
Staff Nam	ne:				
IF INTE	RIOR DAMAGE IS N	OTED, (COMPLE	TE FORM	IS 5A and 5B.
Roon Numb	and the second s	Dam Occu	rred?	Photo	Initial when Complete
AD109	INFO CENTER	Yes	No No		
AD110	ADMISSIONS	Yes	No No		
AD110.1	DATA/TELECOM	Yes	No No		
AD111	SECRETARY	Yes	No No		
AD111.1	OFFICE	Yes	No		
AD112	ELECTRICAL	Yes	No No		
AD113	W. RESTROOM	Yes	No No		
AD113.1	1 VESTIBULE	Yes	No		
AU114	M. RESTROOM	Yes	No No	<u> </u>	
AD114.	1 VESTIBULE	Yes	No No		
AD115	CUSTODIAL	Yes	No	│ _□_	
AD116	ELEVATOR	Yes	No		
AD117	CENTRAL RECEIV	Yes	No		
AD118	MECHANICAL	Yes	No		
AD118	.1 ELEV. EQUIP RM	Yes	No No	 	
AD119	WAITING RM				

ROOM NUMBER SHEET

ADMINISTRATION AD101 - 1ST Floor

Date:					
Name of Storn	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	IOTED, C	OMPLE	TE FORM	S 5A and 5B.
Room Number	Room Description	Damage Occurred?		Photo	Initial when Complete
AD120	BURSAR	Yes	No No		
AD120.1	KITCHEN	Yes			
AD120.2	OFFICE	Yes	No No		
AD121	VAULT	Yes	No No		
AD122	OFFICE	Yes	No		
AD123	SECURITY OFFICE	Yes			
AD123.1	STORAGE	Yes	No D		
		Yes	No 🗆		
		Yes	No		
		Yes	No 🗀		
		Yes	No		
		Yes	No □		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		

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

ADMINISTRATION AD101 – 2ND Floor

Date:					
Name of Storn	n:				
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (OMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occu	rred?	<u>Photo</u>	Initial when Complete
AD200	SECRETARY	Yes	No		
AD200.1	CONFERENCE	Yes	No □		
AD200.2	OFFICE	Yes	No		
AD200.3	CLOSET	Yes	No 🗆		
AD201	ELEVATOR	Yes	No No		
AD202	ELECTRICAL	Yes	No		
AD203	M. RESTROOM	Yes	No No		
AD203.1	VESTIBULE	Yes Yes	No No		
AU204	W. RESTROOM	Yes	No		
AD204.1	VESTIBULE	Yes	No No		
AD205	WAITING RM	Yes	No No		
AD205.1	CORRIDOR	Yes	No No		
AD206	OFFICE	Yes	No No		
AD207	CONFERENCE	Yes	No No		
AD207.1	CLOSET	<u> </u>	No No		
AD207.2	KITCHEN	Yes	INO		

ROOM NUMBER SHEET

ADMINISTRATION AD101 - 2ND Floor

Date:					
	'm:	_			
	OR DAMAGE IS N	OTED, C	COMPLE	TE FORM	S 5A and 5B.
Room Number	Room Description	Dam Occu	rred?	Photo	Initial when Complete
AD207.3	CLOSET	Yes	No D		
AD208	SECRETARY	Yes	No		
AD208.1	STORAGE	Yes	No		
AD208.2	CORRIDOR	Yes	No		
AD200.2	STORAGE	Yes	No		
AD209	KITCHEN	Yes	No		
	CLOSET	Yes	No		
AD209.2	U. RESTROOM	Yes	No		
AD209.3	STORAGE	Yes	No C		
AU210		Yes	No	<u> </u>	
AD211	OFFICE	Yes	No	- <u></u> -	
AD212	OFFICE-PRES	Yes	No	<u> </u>	
AD213	OFFICE	Yes	No No		
AD214	OFFICE		No No		
		Yes			
		Yes	No □		
		Yes	No	1	

ROOM NUMBER SHEET

EISSEY CAMPUS THEATER AU108 -0 Floor

Date		•			
Name of Storm	:				
Staff Name:					
IF INTERIO	R DAMAGE IS N	IOTED, C	OMPLE	TE FORM	IS 5A and 5B.
ii iitiaitee					
Room	Room	Dam	age	Photo	Initial when Complete
Number_	Description	Occu	rrea?	Photo	Tittaa Tittaa
AU001		Yes			
		Yes	No		
AU001.1		Yes	No	<u> _</u>	
AU001.2					
		Yes	No		
AU002		Yes	No No	<u> </u>	
1					
		Yes	No		
		Yes	No	 	
		Yes	No		
	<u> </u>	<u> </u>	No No	 	
		Yes			
<u> </u>	 	Yes	No		
				<u> </u>	
		Yes	No		
		Yes	No No		
	1				
		Yes	No		1
		Yes	No	 	
		Yes	No		
			No No	- -	
		Yes	" -		

ROOM NUMBER SHEET

EISSEY CAMPUS THEATER AU108 –1ST Floor

Date:					
Name of Storn	n:	-			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occu	rred?	Photo	Initial when Complete
AU100	LOBBY	Yes	No No		
AU100.1	STAIRWELL	Yes	No No		
AU100.2	STAIRWELL	Yes Yes	No D		
AU100.3	STORAGE	Yes	No No		
AU100.4	STORAGE	Yes	No		
AU101	CORRIDOR	Yes	No		
AU101.1	ELEVATOR	Yes	No No		
AU102	OFFICE	Yes	No No		
AU102.1	TKT OFFICE	Yes	No No		
AU103	OFFICE	Yes	No No		
AU103.1	TKT OFFICE	Yes	No No		
AU104	CONCESSION	Yes	No		
AU105	VESTIBULE	Yes	No No	<u> </u>	
AU106	M. RESTROOM	Yes	No No		
AU107	LOBBY (SIDE)	Yes	No No		
AU107.1	STAIRWELL				

ROOM NUMBER SHEET

EISSEY CAMPUS THEATER AU108 -1ST Floor

Dato:					
	n:	-			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	S 5A and 5B.
Room Number	Room Description	Dam Occur	red?	Photo	Initial when Complete
AU108	ORCHESTRA SEAT	Yes	No		
AU108.1	ORCHESTRA PIT	Yes	No 🔲		
AU108.2	CORRIDOR	Yes	No		
AU108.3	CORRIDOR	Yes	No No		
AU108.4	STAIRWELL	Yes	No		
AU109	U. RESTROOM	Yes			
AU110	CORRIDOR	Yes	No No		
AU111	OFFICE	Yes			
AU112	STAGE	Yes	No 🗀		
AU113	CORRIDOR	Yes	No 🔲		
AU114	JANITORIAL	Yes	No 🗆		
AU115	M. DRESSING RM	Yes	No 🔲		
AU116	W. DRESSING RM	Yes	No 🔲		
AU117	EQUIPMENT RM	Yes	No 🗀		
AU118	FIRE PUMP	Yes	No 🗀		
AU119	DIMMER RM	Yes	No 🔲		

ROOM NUMBER SHEET

EISSEY CAMPUS THEATER AU108 -1ST Floor

Date:					
	n:	_			
Staff Name:					
	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occur	red?	Photo	Initial when Complete
AU120	FAN ROOM	Yes	No 🗆		
AU121	CORRIDOR	Yes	No 🔲		
AU121.1	MANLIFT	Yes	No		
AU122	U. RESTROOM	Yes	No		
AU123	LOBBY (SIDE)	Yes	No		
AU123.1	STAIRWELL	Yes	No		
AU124	W. RESTROOM	Yes	No		
AU125	VESTIBULE	Yes	No .		
	ELEV. EQUIP RM	Yes	No		
AU126	JANITORIAL	Yes	No 🔲		
AU127	JAN 101 III I	Yes	No		
		Yes	No		
		Yes	No No		
		Yes	No T	[]	
		Yes	No C	- 	
		Yes	No No		

ROOM NUMBER SHEET

EISSEY CAMPUS THEATER AU108 –2ND Floor

Date:					
Name of Storn	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	¶S 5A and 5B.
Room Number	Room Description	Dam Occu		Photo	Initial when Complete
AU201	CORRIDOR	Yes	No D		
AU202	CORRIDOR	Yes Yes	No D		
AU203	W. RESTROOM	Yes	No.		
AU204	CORRIDOR	Yes	No		
AU205	CONTROL RM	Yes	No		
AU206	BALCONY	Yes	No		
AU207	EAST TORM	Yes	No No		
AU208	WEST TORM	Yes	No No		
AU209	M. RESTROOM	Yes	No.	<u> </u>	
AU210	STAIRWELL	Yes	No D		
AU211	PRESIDENT'S BOX	Yes	No □	<u> </u>	
AU212	U. RESTROOM	Yes	No		
AU213	CORRIDOR	Yes	No		
AU214	MANLIFT	Yes	No		
			No No		
		Yes			

ROOM NUMBER SHEET

EISSEY CAMPUS THEATER AU108 –3RD Floor

Date		3			
Name of Storm	n:				
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, C	COMPLE	TE FORM	S 5A and 5B.
Room	Room	Dam Occu	rred?	Photo	Initial when Complete
Number	Description		No No		
AU301	MECHANICAL	Yes			
	MANLIFT	Yes	No 🗆	<u>-</u> -	
AU302	WANLIFT	Yes	No		
	·	│ □_			
		Yes	No		
ļ		│ ┌□			
		Yes	No		
		_			
		Yes	No		
				🗆	
		Yes	No		
1					
		Yes	No		
	l _{ii}				
		Yes	No		
	<u> </u>	Yes	No		
1		1 [7			
		Yes	No		
		Yes	No		
	1				
		Yes	No		
		Yes	No		
				<u> </u>	
		Yes	No	_	
				<u> </u>	
		Yes	No		

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

Date: _____

EISSEY CAMPUS THEATER AU108 -4TH Floor

Name of Storm	n:				
Staff Name:					
IF INTERIO	R DAMAGE IS N	IOTED, (COMPLE	TE FOR!	/IS 5A and 5B.
Room	Room	Dam	nage		
Number	Description	Occu		Photo	Initial when Complete
	07.10.4/51.4	Yes	No		
AU401	STAIRWELL	Yes	No No		
AU402	MANLIFT		[™]		
		Yes	No .		
		Yes	No		
		Yes	No		
		Yes	No L		
	·		‴┌┐		
		Yes	No	<u> </u>	
		Yes	No		
		Yes	No		
		Yes	No No	<u> </u>	
		l les	"		
		Yes	No No		
		Yes	No		
		Yes	No	_	
		V	l Ll		
		Yes	No		
<u> </u>		Yes	No No	<u> </u>	
	-	Yes	No		

ROOM NUMBER SHEET

CLASSROOM BUILDING BB BB111 - 1ST Floor

Date:					
Name of Storm	ı:	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occu	rred?	Photo	Initial when Complete
BB100	CORRIDOR	Yes	No		
BB100.1	OPEN EXHIBIT	Yes	No 🔲	□	
BB100.2	ELEVATOR	Yes	No		
BB101	APP DESIGN LAB	Yes	No 🗆		
BB101.1	REPRODUCTION	Yes	No D		
BB101.2	MTRL STORAGE	Yes	No D		
BB101.3	MTRL STORAGE	Yes	No D		
BB102	MTRL STORAGE	Yes	No D		
BB103	MTRL STORAGE	Yes	No D		
BB104	CUSTODIAL	Yes	No D		
BB105	STAIRWELL	Yes	No 🗀	<u> </u>	
BB106	DARKROOM	Yes	No D		
BB107	PHOTOGRAPHY	Yes	No D		
BB107.1	MTRL STORAGE	Yes	No D		
BB107.2	PROJ STORAGE	Yes Yes	No No		

OFFICE

BB107.3

ROOM NUMBER SHEET

CLASSROOM BUILDING BB BB111 - 1ST Floor

	•				
Date:					
Name of Storm	:	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	ΓE FORM	S 5A and 5B.
Room Number	Room Description	Dam Occui	red?	Photo	Initial when Complete
BB108	RECEPTION	Yes Yes	No No		
BB108.1	OFFICE	Yes	No I		
BB108.2	WORKROOM	Yes	No No	□	
BB108.3	OFFICE	Yes	No		
BB108.4	CUSTODIAL		No		
BB109	OIL PAINTING LAB	Yes Yes	No.		
BB109.1	MTRL STORAGE	Yes	No No		
BB109.2	PROJ STORAGE	Yes	No C		
BB109.3	PROJ STORAGE	Yes	No		
BB110	CONTROL RM		No No		
BB111	LECTURE HALL	Yes Yes	No No	<u> </u>	
BB111.1	VESTIBULE	Yes	No No		
BB111.2	WHEELCHR SEAT	Yes	No		
BB111.3	RAMP	Yes	No No		
BB111.4	PLATFORM	Yes	No		

STORAGE

BB111.5

ROOM NUMBER SHEET

CLASSROOM BUILDING BB BB111 - 1ST Floor

Date:		_			
Name of Storn	n:				
Staff Name:					
_					
IF INTERIO	R DAMAGE IS N	IOTED,	COMPLE	TE FORM	/IS 5A and 5B.
Room	Room	Dan	nage		
Number	Description	Occu	rred?	Photo	Initial when Complete
		Yes	No		
BB111.6	STORAGE	Yes	No No		
BB111.7	WHEEL CHR SEAT	i res			
DB (11.7		Yes	No	<u> </u>	
BB111.8	VESTIBULE				
		Yes	No		
BB113	SECURED EXHIBIT		<u> </u>		
 BB114	CLASSROOM	Yes	No		
1 88114	CLASSICOUN	Yes	No L	<u> </u>	
BB114.2	OFFICE				
	,	Yes	No		
BB115	STAIRWELL				
 BB116	STORAGE	Yes	No		,
BB 1 10	STURAGE	Yes	No No		
BB117	ART DESIGN LAB				
		Yes	No		
BB117.1	MTRL STORAGE				
DD447.0	MTDL CTODACE	Yes	No .		
BB117.2	MTRL STORAGE	Yes	No	 	
BB117.3	MTRL STORAGE		"		
		Yes	No		
BB117.4	PROJ STORAGE				
		Yes	No		
BB118	EXHIBIT STOR	Yes	No L	<u> </u>	
BB118.1	SECURED EXHIBIT	l les			
55110.1		Yes	No		
BB119	CUSTODIAL				

ROOM NUMBER SHEET

CLASSROOM BUILDING BB BB111 - 1ST Floor

Date:					
Name of Storm	n:	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORN	IS 5A and 5B.
Room Number	Room Description	Dam Occur	red?	Photo	Initial when Complete
BB120	W. RESTROOM	Yes Yes	No No		
BB121	DATA/TELECOM		No.		
BB121.1	ELEV. EQUIP RM	Yes	No No		,
BB122	ELECTRICAL	Yes	No No		
BB123	MECHANICAL	Yes	No D		
BB123.1	SECURED EXHIBIT	Yes			
BB124	M. RESTROOM	Yes	No D		
BB125	CERAMICS LAB	Yes	No 🗀		
BB125.1	KILN	Yes	No No		
BB125.2	PROJ STORAGE	Yes	No No		
BB125.3	PROJ STORAGE	Yes	No No		
BB125.4	MTRL STORAGE	Yes	No No		
		Yes	No No		
		Yes			
		Yes	No 🗆		
		Yes	No F		

ROOM NUMBER SHEET

CLASSROOM BUILDING BB BB111 - 2ND Floor

Date:

Name of Storr	n:				
Staff Name:		_			
_		•			
IF INTERIO	R DAMAGE IS I	NOTED,	COMPLE	ETE FORM	MS 5A and 5B.
Room Number	Room Description		nage ırred?	Photo	Initial when Complete
Number	l Description	Yes	No	1 11010	mila when complete
BB200	CORRIDOR				
BB200.1	ELEVATOR	Yes	No		
BB201	RECEPTION	Yes	No		
BB201.1	OFFICE	Yes	No 🗆		
BB201.2	OFFICE	Yes	No 🗆		
BB201.3	OFFICE	Yes	No 🗆		
BB201.4	OFFICE	Yes	No		
BB201.5	WORKROOM	Yes	No		
BB201.6	OFFICE	Yes	No		
BB201.7	STORAGE	Yes	No		
BB201.8	CORRIDOR	Yes	No		
BB201.9	OFFICE	Yes	No .		
BB202	CUSTODIAL	Yes	No D		
BB203	STAIRWELL	Yes	No		
BB204	READING LAB	Yes	No .		
BB204.1	OFFICE	Yes	No 🔲		

ROOM NUMBER SHEET

CLASSROOM BUILDING BB BB111 - 2ND Floor

Date:					
Name of Storm	n;	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	S 5A and 5B.
Room Number	Room Description	Damage Occurred?		Photo	Initial when Complete
BB204.2	OFFICE	Yes	No		
BB205 _	OFFICE	Yes Yes	No No		
BB206	READING LAB	Yes	No		
BB206.1	OFFICE		No		
BB206.2	OFFICE	Yes Yes	No No		
BB206.3	OFFICE	Yes	No		
BB207	SLC LAB	Yes	No No		
BB207.1	WORKROOM	Yes	No No		
BB207.2	OFFICE	Yes	No No		
BB208	MATH LAB	Yes	No No		
BB209	OFFICE		No No		
BB210	OFFICE	Yes	No No		
BB211	STAIRWELL	Yes	No No		
BB212	TUTOR ROOM	Yes	No No	 □	
BB213	TUTOR ROOM	Yes Yes	No No		

AV STORAGE

BB214

ROOM NUMBER SHEET

CLASSROOM BUILDING BB BB111 - 2ND Floor

Data:

Date.		_			
Name of Storr	m:				
Staff Name: _					
_					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	ETE FORM	/IS 5A and 5B.
Room Number	Room Description	Occi	nage urred?	Photo	Initial when Complete
BB215	CLASSROOM	Yes	No		
BB215.1	STORAGE	Yes	No 🔲		
BB215.2	STORAGE	Yes	No 🔲		
BB215.3	STORAGE	Yes	No 🔲		
BB216	CLOSET	Yes	No		
BB217	WOMEN'S RESTROOM	Yes	No 🔲		
BB219	CUSTODIAL	Yes	No		
BB221	ELECTRICAL	Yes	No		
BB222	MECHANICAL	Yes	No		
BB222.1	COMPRESSOR ROOM	Yes	No		
BB223	MEN'S RESTROOM	Yes	No		
		Yes	No		
		Yes	No		
		Yes	No No		
		Yes	No Fi		
		Yes	No No		

ROOM NUMBER SHEET

CLASSROOM BUILDING BB BB111 - 3RD Floor

Date:					
	 1:	•			
	R DAMAGE IS NO	OTED, C	OMPLE	TE FORM	S 5A and 5B.
Room Number	Room Description	Dam Occur	red?	Photo	Initial when Complete
BB300	CORRIDOR	Yes	No 🗆		
BB300.1	ELEVATOR	Yes	No 🗆		
BB300.2	ELEVATOR	Yes	No		·
BB301	CLASSROOM	Yes	No 🗀	□	
BB301.1	STORAGE	Yes	No 🔲		
BB301.2	STORAGE	Yes	No		
BB301.3	STORAGE	Yes	No		
BB302	STORAGE	Yes	No		
BB303	CLASSROOM	Yes	No		
BB303.1	STORAGE	Yes	No 🗆		
BB303.2	STORAGE	Yes	No 🗆		
BB304	AUDIO/VISUAL STO	Yes	No 🗆		
BB305	CUSTODIAL	Yes	No	<u> </u>	
BB306	STAIRWELL	Yes	No 🔲		
BB307	VESTIBULE	Yes	No 🔲		
BB308	WORKROOM	Yes	No		

BB308

ROOM NUMBER SHEET

CLASSROOM BUILDING BB BB111 - 3RD Floor

)ate:			•		
lame of Storn	n:	_			
Staff Name: _					
F INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occur	red?	Photo	Initial when Complete
BB309	CONF/CLASSROOM	Yes	No		
BB310	SECRETARY	Yes	No .		
BB310.1	OFFICE	Yes	No D		
BB310.2	OFFICE	Yes	No No		
BB310.3	OFFICE	Yes	No No		
BB310.4	OFFICE	Yes			
BB310.5	OFFICE	Yes	No No		
BB310.6	OFFICE	Yes	No No		
BB311	CLASSROOM	Yes	No No		
BB312	CLASSROOM	Yes	No No		
BB313	CORRIDOR	Yes	No No		
BB314	CLASSROOM	Yes Yes	No No		
BB315	OFFICE	Yes	No No	<u> </u>	
BB316	CLASSROOM	Yes	No No	 	
BB317	CLASSROOM	Yes	No		
BB318	CLASSROOM	162			

BB318

ROOM NUMBER SHEET

CLASSROOM BUILDING BB BB111 - 3RD Floor

Date:					
Name of Storn	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occu	nage rred?	Photo	Initial when Complete
BB319	CORRIDOR	Yes	No		
BB320	CUSTODIAL	Yes	No 🔲		
BB321	CLASSROOM	Yes	No 🗆		
BB321.1	STORAGE	Yes Yes	No No		
BB321.2	STORAGE	Yes	No No		
BB321.3	STORAGE	Yes	No		
BB322	AUDIO/VISUAL STO	Yes	No		
BB323	CLASSROOM	Yes	No No		
BB323.1	STORAGE	Yes	No.		
BB323.2	STORAGE	Yes	No		
BB323.3	STORAGE	Yes	No		
BB324	CUSTODIAL	Yes	No		
BB325	W. RESTROOM	Yes	No No		
BB327	CUSTODIAL	Yes	No No		
BB328	STAIRWELL	Yes	No_		
BB329	ELECTRICAL	Yes	No_	<u> </u>	
BB330	M. RESTROOM				

ROOM NUMBER SHEET

BURT REYNOLDS STUDENT CENTER BR106 - 1ST Floor

Date:		,			
Name of Storr	n:	_			
Staff Name: _	<u> </u>				
IF INTERIO	R DAMAGE IS N	IOTED,	COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description		nage irred?	Photo	Initial when Complete
BR100	LOBBY	Yes	No		
BR100.1	CORRIDOR	Yes	No		
BR100.2	CORRIDOR	Yes	No		
BR100.3	CORRIDOR	Yes	No		
BR100.4	LOBBY	Yes	No 🔲		
BR100.5	BREAK ROOM	Yes	No		
BR100.6	CORRIDOR	Yes	No		
BR101	BOOKSTORE	Yes	No		
BR102	RECEIV / WORKRM	Yes	No □		
BR102.1	CLOSET	Yes	No □		
BR103	OFFICE	Yes	No 🗆		
BR103.1	CLOSET	Yes	No 🗆		
BR104	OFFICE	Yes	No .		
BR104.1	CLOSET	Yes	No		
BR105	JANITORIAL	Yes	No		
BR106	MECHANICAL	Yes	No 🗆		

ROOM NUMBER SHEET BURT REYNOLDS STUDENT CENTER BR106 - 1ST Floor

Date:					
Name of Storm	n:	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	IS 5A and 5B.
Room	Room	Dam		Photo	Initial when Complete
Number	<u>Description</u>	Occu		PHOLO	Tilliai when complete
BR106.1	ELECTRICAL_	Yes	No 🗆		
BR106.2	CORRIDOR	Yes	No □		
BR107	OFFICE	Yes	No I		
BR107.1	CLOSET	Yes	No		
BR108	KITCHEN PREP	Yes	No □		
BR108.1	KITCHEN PREP	Yes	No 🔲		
BR109	KITCHEN PREP	Yes	No		
BR110	OFFICE	Yes	No		
	CLOSET	Yes	No		
BR110.1	OLOOL1	Yes	No	 	
BR111	W. RESTROOM	Yes	No -		
BR112	M. RESTROOM		No No		
BR113	RECEIVING/STOR	Yes			
BR114	WALK-IN REFRIDG	Yes	No □		
BR114.1	WALK-IN FREEZER	Yes	No		
BR115	DISHWASHER	Yes	No		
BR115.1	HALLWAY	Yes	No 🗆		

ROOM NUMBER SHEET

BURT REYNOLDS STUDENT CENTER BR106 - 1ST Floor

Date:					
Name of Storr	m:	_			
Staff Name: _					
IF INTERIC	R DAMAGE IS N	IOTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occu	rred?	Photo	Initial when Complete
BR116	MULTI-PURPOSE	Yes	No No		
BR116.1	CORRIDOR	Yes Yes	No D		
BR117	DATA/TELECOM		No		
BR118	MULTI-PURPOSE	Yes	No No		
BR118.1	STORAGE	Yes	No No		
BR119	OFFICE	Yes Yes	No INO		
BR120	STORAGE	Yes	No No		
BR121	OFFICE	Yes	No No	<u> </u>	
BR122	OFFICE	Yes	No No		
BR123	OFFICE	Yes	No		
BR124	OFFICE	Yes	No	- -□-	
BR125	WORKROOM	Yes	No	<u> </u>	
BR126	OFFICE	Yes	No No		
BR127	OFFICE	Yes	No		
BR128	OFFICE	Yes	No		
BR129	STUDENT SVC				

ROOM NUMBER SHEET BURT REYNOLDS STUDENT CENTER BR106 - 1ST Floor

Date:					
Name of Storn	n:	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED,	COMPLE	TE FORM	IS 5A and 5B.
Room	Room	Dam			L W. L. Love Occupate
Numb <u>er</u>	Description	<u>Occu</u>		<u>Photo</u>	Initial when Complete
BR129.1	W. RESTROOM	Yes	No		
BR129.2	INTERVIEW RM	Yes	No 🔲		
BR129.3	INTERVIEW RM	Yes	No No		
BR130	OFFICE	Yes	No		
BR131	OFFICE	Yes Yes	No No		
BR132	OFFICE		No No		
BR133	OFFICE	Yes		<u> </u>	
BR134	ENROLLMENT CNT	Yes	No No		
BR135	TESTING	Yes	No No		
BR135,1	TESTING	Yes	No		
BR135.2	TESTING	Yes Yes	No No		
BR135.3	TESTING		No No		
BR135.4	TESTING	Yes	No No	<u> </u>	
BR135.5	WORKROOM	Yes	No No	<u> </u>	
BR136	OFFICE	Yes	No No		
BR137	OFFICE	Yes			

ROOM NUMBER SHEET

BURT REYNOLDS STUDENT CENTER BR106 - 1ST Floor

Date:					
Name of Storm	n:	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occui		Photo	Initial when Complete
BR138	OFFICE	Yes	No		
BR139	OFFICE	Yes	No		
BR140	STUDENT LOUNGE	Yes	No No		
BR141	OFFICE	Yes Yes	No		
BR142	CLUB ROOM	Yes	No		
BR143	MEETING RM	Yes	No		
BR144	BREAK RM	Yes	No.		
BR145	STUDENT LOUNGE	Yes	No		
BR146	M. RESTROOM	Yes	No No	<u> </u>	
BR147	W. RESTROOM	Yes	No No	-	
		Yes	No C		
			No		
		Yes			
		Yes	No		
		Yes	No 🗆		
		Yes	No 		

ROOM NUMBER SHEET

CENTER - EARLY LEARNING CEL115 -- 1ST Floor

Date:

		_			
Name of Storr	n:				
Staff Name:					
_					
IF INTERIO	R DAMAGE IS I	NOTED,	COMPLE	ETE FOR	MS 5A and 5B.
	D	D			
Room Number	Room Description		nage urred?	Photo	Initial when Complete
Number	Description	Yes	No No	1 11000	miliai when complete
CEL100	LOBBY				
CEI 100 1	CORRIDOR	Yes	No		
CEL100.1	CORRIDOR	Yes	No		
CEL100.2	CORRIDOR				
		Yes	No		
CEL100.3	CORRIDOR	Vac	No		
CEL101	RECEPTION	Yes	NO		
		Yes	No No		
CEL102	OFFICE				
CEL103	OFFICE	Yes	No -		
CELIOS	OTTIOL	Yes	No	<u> </u>	
CEL104	U. RESTROOM				
051.405	OLIGICALIA	Yes	No		
CEL105	CUSTODIAL	Yes	No		
CEL106	M. RESTROOM		"		
		Yes	No		
CEL107	W. RESTROOM	<u> </u>			
CEL108	WORKROOM	Yes	No □	🖂	
CLLIO	VVOICICIOOIVI	Yes	No No	<u> </u>	
CEL109	WORKROOM				
CEI 440	CTODACE	Yes	No		
CEL110	STORAGE	Yes	No	<u> </u>	
CEL110.1	ELECTRICAL				
		Yes	No		
CEL111	STORAGE				1

ROOM NUMBER SHEET

CENTER - EARLY LEARNING CEL115 - 1ST Floor

Date:

	-				
Name of Storr	m:				
Staff Name: _					
_					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	TE FORM	/IS 5A and 5B.
Room	Room		nage		
Number	Description		<u>irred?</u>	Photo	Initial when Complete
051440	MECHANICAL	Yes	No		
CEL112	WECHANICAL	Yes	No		
CEL113	ELECTRICAL				
		Yes	No		
CEL114	LAUNDRY	Yes	No No	<u> </u>	
CEL115	STORAGE	l es			
		Yes	No No		
CEL116	KITCHEN				
CEL117	CLASSROOM	Yes □	No		
CELTIT	CLASSINOON	Yes	No L		
EL117.1	OBSERVATION				
		Yes	No		
CEL117.2	U. RESTROOM	<u> </u>	<u> </u>		
CEL117.3	CHANGING RM	Yes	No		
OLCTIV.5	OTI/MONOTAN	Yes	No No	<u> </u>	
CEL117.4	FEEDING RM				
		Yes	No		
CEL117.5	CLASSROOM	Yes	No No		
 CEL118	CLASSROOM	'es	NO		
		Yes	No	 _	
CEL119	STORAGE				
CEL120	CLASSROOM	Yes	No -		
OLL 120	OLAGOINO IVI	Yes	No	<u> </u>	
CEL120.1	U. RESTROOM				
		Yes	No		
CEI 120 2	LU RESTROOM				

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

CENTER - EARLY LEARNING CEL115 – 1ST Floor

Date:		_			
Name of Storr	m:				
Staff Name: _					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	ETE FORM	/IS 5A and 5B.
Room Number	Room Description		nage irred?	Photo	Initial when Complete
CEL120.3	OBSERVATION	Yes	No 🗆		
CEL121	CLASSROOM	Yes	No 🗆		
CEL121.1	U. RESTROOM	Yes	No 🗆		
CEL122	CLASSROOM	Yes	No 🗆		
CEL122.1	U. RESTROOM	Yes	No 🗆		
CEL122.2	U. RESTROOM	Yes	No □		
CEL122.3	OBSERVATION	Yes	No 🗆		
CEL123	CLASSROOM	Yes	No 🗆		
CEL123.1	U. RESTROOM	Yes	No 🗆		
CEL124	STORAGE	Yes	No 🗆		
		Yes	No 🗆		
		Yes	No 🗆		
		Yes	No 🗆		
		Yes 🔲	No □		
		Yes	No		
		Yes	No		

ROOM NUMBER SHEET

CENTRAL MECHANICAL PHYSICAL PLANT CM103 – 1ST Floor

Date: _____

Name of Storm	n:	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	IOTED, C	COMPLE	TE FORM	IS 5A and 5B.
_		Dane			
Room	Room Description	Dam Occui	rred?	Photo	Initial when Complete
Number	Description	Yes	No No	111010	
CM101	MECHANICAL				
		Yes	No		
CM102	EMER GENERATOR				
	2707405	Yes	No		
CM103	STORAGE		No No		
CM103.1	LOFT	Yes			
CIVI 103.1	LOI 1	Yes	No No		
		lп			
		Yes	No		
		Yes	No		
		Yes	No		·
		<u> </u>			
		Yes	No 🗔		
		Yes	No No	<u> </u>	
		Yes	No		
		Yes	No		
		│ □			
		Yes	No		
			ļ <u> </u>	└	
		Yes	No		
	ļ. ———	Vec	No No	<u> </u>	
		Yes	"-		
	 	Yes	No No		

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

CHILLER BUILDING CMB118 - 1st Floor

Date:					
Name of Storr	m:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Occi	nage urred?	Photo	Initial when Complete
CMB101	CHILLER	Yes	No 🗆		
		Yes	No		
		Yes	No 🗆		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No No		
		Yes	No		
		Yes	No No		
		Yes	No 🗆		
		Yes	No 🗀	. 🖂	
		Yes	No		
	 	Yes	No	 	
		Yes	No No	<u> </u>	
		Yes	No No	│ □	

ROOM NUMBER SHEET CONCESSION BUILDING CN120 - 1st Floor

Date:		•			
Name of Storn	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED,	COMPLE	TE FORM	/IS 5A and 5B.
Room	Room	Dar	nage		
Number	Description		urred?	Photo	Initial when Complete
Trainson	1	Yes	No		
CN101	STORAGE				
		Yes	No	_	
CN102	STORAGE	Yes	No No		
CN103	STORAGE	l les	100		
<u> </u>	OTOTOTOL	Yes	No No	<u> </u>	
		Yes	No		
		Yes	No		
		Yes	No		
		1 162			
		Yes	No No	 	
		Yes	No		
		Yes	No		
	<u> </u>	Yes	No No	 	
		Yes	No	<u> </u>	
		Yes	No	1 _	
	<u> </u>	Yes	No No	├	
	1	l 'es	" -		
		Yes	No No		

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

FACILITIES BUILDING FN117 – 1st Floor

Date:		i			
Name of Stori	m:	_			
Staff Name: _					
	• .				
IF INTERIC	OR DAMAGE IS N	OTED,	COMPLE	TE FORM	IS 5A and 5B.
Room	Room	Dar	nage		
Number	Description		urred?	Photo	Initial when Complete
Tamber		Yes	No	<u> </u>	
FN100	RECEPTION				
EN1400 4	CORRIDOR	Yes	No -		
FN100.1	CORRIDOR	Yes	No No		
FN100.2	CORRIDOR	l les			
		Yes	No	<u> </u>	
FN101	W. RESTROOM				
		Yes	No		
FN102	STORAGE				
EN402	ELECTRICAL/ MECHANICAL	Yes	No		
FN103	WIEGRANICAL	Yes	No No		
FN104	KITCHENETTE				
		Yes	No		
FN104.1	BREAKROOM				
		Yes	No	<u> </u>	
FN105	SHOP				
ENAGE	WAREHOUSE/ EQUIPMENT	Yes	No		
FN106	EQUIPIVIENT	Yes	LJ _	<u> </u>	
FN107	M. RESTROOM		"		
		Yes	No		
FN108	DATA CLOSET				
		Yes	No		
FN109	OFFICE	<u> </u>	L	 	
ENIAGO	OFFICE	Yes	No		
FN110	OFFICE	Yes	No No	<u> </u>	
EN111	CONFERENCE	res	100		

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

FACILITIES BUILDING FN117 - 1st Floor

Date:					
Name of Storn	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FOR	MS 5A and 5B.
Room Number	Room Description		nage urred?	Photo	Initial when Complete
FN112	CENTRAL REC./ OFFICE	Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
	-	Yes	No		
		Yes	No		
		Yes	No		
_		Yes	No		
		Yes	No		-

ROOM NUMBER SHEET GREEN HOUSE GH110 - 1ST Floor

Date:		-			
Name of Storr	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	IOTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description		rred?	Photo	Initial when Complete
GH101	GREENHOUSE	Yes	No 🗆		
GH102	POTTING AREA	Yes	No .		
		Yes	No		
		Yes	No 🗆		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No	<u>-</u>	
		Yes	No C		
		Yes	No		
		Yes	No		
		Yes	No No		
		Yes	No No	<u> </u>	
		Yes	No No		
		Yes	No		
		Yes	No		

ROOM NUMBER SHEET

PHILLIP D. LEWIS CENTER LC107 – 1ST Floor

Date:					
Name of Storn	n;	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, O	COMPLE	TE FORM	MS 5A and 5B.
Room	Room	Dam		D1 1	L W. L. Dan Gamanlata
Number	Description_	Occu		Photo	Initial when Complete
LC100	CORRIDOR	Yes	No		
		Yes	No		
LC100.1	CORRIDOR				
1.0404	OFFICE	Yes	No -		
LC101	OFFICE	Yes	No		
LC101.1	CLOSET		"		
		Yes	No		
LC102	OFFICE				
1 0400 4	CLOSET	Yes	No		
LC102.1	CLOSET	Yes	No No		
LC103	OFFICE				
		Yes	No		
LC103.1	CLOSET				
10404	OFFICE	Yes	No		
LC104	OFFICE	Yes	No No		
LC104.1	CLOSET	l les	I NO		
		Yes	No	<u> </u>	,
LC105	OFFICE				
104054	CLOCET	Yes	No		
LC105.1	CLOSET	Yes	No No	<u> </u>	
LC106	CONFERENCE				
		Yes	No		
LC106.1	CLOSET			🗆	
1.0400.0	CLOSET	Yes	No ☐		
LC106.2	CLOSET	Voc	No No	├	
1 C106 3	CLOSET	Yes			

ROOM NUMBER SHEET

PHILLIP D. LEWIS CENTER LC107 – 1ST Floor

Date: _____

Name of Storr	m:				
Staff Name: _					
IF INTERIO	R DAMAGE IS I	NOTED,	COMPLE	TE FORM	/IS 5A and 5B.
Room Number	Room Description		nage rred?	Photo	Initial when Complete
LC107	OFFICE	Yes	No		
LC107.1	CLOSET	Yes	No	. 🗆	
LC107.2	CLOSET	Yes	No		
LC108	CORRIDOR	Yes	No		
LC108.1	CORRIDOR	Yes	No		
LC108.2	CORRIDOR	Yes	No		
LC108.3	CORRIDOR	Yes	No		
LC109	RECEPTION	Yes	No		
LC109.1	CLOSET	Yes	No		
LC110	CLINIC LAB	Yes	No		
LC110.1	STORAGE	Yes	No		
LC110.2	CLOSET	Yes	No		
LC111	CLASSROOM	Yes	No		
LC111.1	CLOSET	Yes	No		
LC111.2	CORRIDOR	Yes	No		
LC112	TESTING	Yes	No		

ROOM NUMBER SHEET

PHILLIP D. LEWIS CENTER LC107 – 1ST Floor

Date: _____

Name of Storn	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	IOTED,	COMPLE	TE FORM	IS 5A and 5B.
Room	Room		nage	Photo	Initial when Complete
Number	Description	Yes	ırred?	Photo	Ilitial When Complete
LC112.1	CLOSET				
-		Yes	No		•
LC113	VOC SCIENCE LAB	Yes	No No		
LC113.1	CLOSET				
		Yes	No		
LC113.2	STORAGE		<u> </u>		
LC113.3	COMP RESOURCE	Yes	No		
20110.0		Yes	No		
LC113.4	VESTIBULE				
	01 40000014	Yes	No		
LC114	CLASSROOM	Yes	No No		
LC114.1	CLOSET				
		Yes	No		
LC115	STAIRWELL				
LC116	MECHANICAL	Yes	No		
20110	WEOTHWOTE	Yes	No No	<u> </u>	
LC117	E.M.T. LAB				
1.0447.4	REPRODUCTION	Yes	No		
LC117.1	REPRODUCTION	Yes	No No	<u> </u>	
LC117.2	OFFICE				
		Yes	No		
LC117.3	STORAGE	Yes	No	<u> </u>	
LC117.4	CLOSET		.		
		Yes	No		
LC118	CLASSROOM		No		
LC118.1	CLOSET	Yes			

ROOM NUMBER SHEET

Date: _____

PHILLIP D. LEWIS CENTER LC107 – 1ST Floor

Name of Storm	n:				
Staff Name:					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Occu	nage irred?	Photo	Initial when Complete
LC119	JANITORIAL	Yes	No I		
LC120	RADIOGRAPHY	Yes	No		
LC120.1	STORAGE	Yes	No		
LC121	RADIOGR. LAB	Yes	No		
LC121.1	X-RAY ROOM	Yes	No		
LC121.2	X-RAY ROOM	Yes	No 🔲		
LC121.3	DARKROOM	Yes	No 🔲		
LC121.4	STORAGE	Yes	No		
LC122	CLASSROOM	Yes	No		
LC122.1	CLOSET	Yes	No		
LC123	OFFICE	Yes	No		
LC123.1	CLOSET	Yes	No 🔲		
LC124	OFFICE	Yes	No .		
LC125	STORAGE	Yes	No □		
LC126	OFFICE	Yes	No 🗆		
LC127	WORKROOM	Yes	No 📑		

ROOM NUMBER SHEET

PHILLIP D. LEWIS CENTER LC107 – 1ST Floor

Date: _____

Name of Storm	n:				
Staff Name:					
IF INTERIO	R DAMAGE IS N	IOTED, C	OMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occul		Photo	Initial when Complete
LC128	W. RESTROOM				
LC128.1	VESTIBULE	Yes Yes	No D		
LC129	M. RESTROOM	l			
LC129.1	VESTIBULE	Yes	No		
LC130	ELEVATOR	Yes Yes	No No		
LC131	ELEV. EQUIP RM				
LC132	STORAGE	Yes	No		
LC133	MECHANICAL	Yes	No		
		Yes	No		
		Yes	No		
		Yes	No 🔲		
		Yes	No		
		Yes	No		
		Yes	No T	<u> </u>	
		Yes	No	 <u></u> -	
	<u> </u>	Yes	No No		
					·

ROOM NUMBER SHEET

PHILLIP D. LEWIS CENTER LC107 – 2ND Floor

Date:		_			·
Name of Storr	m: __	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	TE FORM	MS 5A and 5B.
_	_	_			
Room Number	Room		nage rred?	Photo	Initial when Complete
Number	Description	Yes	No No	PHOLO	miliai when complete
LC200	BRIDGE				
-		Yes	No		
LC200.1	VESTIBULE				
LC200.2	VESTIBULE	Yes 🖂	No		
EOE VO.E	VEOTIBULE	Yes	No	<u> </u>	
LC201	CORRIDOR				
1.0004.4	CORRIDOR	Yes	No	_	
LC201.1	CORRIDOR	Yes	No No		
LC201.2	CORRIDOR	res			
		Yes	No		
LC201.3	CORRIDOR				
1.0004.4	CORRIDOR	Yes	No		
LC201.4	CORRIDOR	Yes	No	<u>L.</u> _	
LC201.5	CORRIDOR		```		
<u>.</u>		Yes	No		-
LC202	CLASSROOM				
1.0000.4	CLOSET	Yes	No		
LC202.1	CLOSET	Yes	No No	<u> </u>	
LC203	COMP CLASSRM				
	-	Yes	No		
LC203.1	STORAGE				
LC203.2	STORAGE	Yes	No □		
	0101010	Yes	No		
LC204	OFFICE				
1 0204 1	CLOSET	Yes	No		
/!!/! 1	1 1 1 1 1 2 7 1				,

ROOM NUMBER SHEET

PHILLIP D. LEWIS CENTER LC107 – 2ND Floor

Date:					
Name of Storn	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occu	rred?	Photo	Initial when Complete
LC205	COMP. CLASSRM	Yes	No No		
LC205.1	CLOSET	Yes Yes	No No		
LC206	COMP. CLASSRM	Yes	No No		
LC206.1	CLOSET	Yes	No		
LC206.2	STORAGE	Yes	No No		
LC207	COMP. CLASSRM	Yes	No INO		
LC207.1	CLOSET	Yes	No O		
LC207.2	STORAGE	Yes	No No		
LC208	JANITORIAL	Yes	No		
LC209	MECHANICAL	Yes	No D		
LC210	STAIRWELL	Yes	No No		
LC211	OFFICE	Yes	No	 □	
LC211.1	CLOSET	Yes	No No		
LC212	COMP. CLASSRM	Yes	No		
LC212.1	RECEPTION	Yes	No		
LC213	OFFICE		_		

ROOM NUMBER SHEET

PHILLIP D. LEWIS CENTER LC107 - 2ND Floor

Date:		-			
Name of Storr	m:	_ _			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	NOTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	<u>Occu</u>	nage rred?	Photo	Initial when Complete
LC214	ELECTRICAL	Yes	No .		
LC215	CLASSROOM	Yes	No		
LC215.1	CLOSET	Yes	No		
LC215.2	STORAGE	Yes	No 🗆		
LC216	COURTYARD	Yes	No 🗆		
LC217	CLASSROOM	Yes	No		
LC217.1	STORAGE	Yes	No 🔲		
LC217.2	CLOSET	Yes	No 🔲		
LC218	OFFICE	Yes	No 🗆		
LC218.1	CLOSET	Yes	No		
LC219	WORKROOM	Yes	No □		
LC219.1	STORAGE	Yes	No 🔲		
LC219.2	STORAGE	Yes	No 🔲		
LC220	CLASSROOM	Yes	No D		
LC220.1	STORAGE	Yes	No		
LC220.2	CLOSET	Yes	No □		

ROOM NUMBER SHEET

PHILLIP D. LEWIS CENTER LC107 – 2ND Floor

Date:					
Name of Storn	n:	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	IOTED, (COMPLE	TE FORM	IS 5A and 5B.
Room	Room	Dam Occu	age	Photo	Initial when Complete
<u>Number</u>	Description	Yes	No I	1 11010	111111111111111111111111111111111111111
LC221	ELEVATOR		No No		· .
LC222	W. RESTROOM	Yes			
LC222.1	VESTIBULE	Yes	No		
LC223	M. RESTROOM	Yes	No		
LC223.1	VESTIBULE	Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No C	 	
		Yes	No No	<u> </u>	
		Yes	No No		
		Yes	No D	<u> </u>	
		Yes	No 🔲		
		Yes	No □		
		Yes	No		
	+	Yes	No No		

ROOM NUMBER SHEET

LIBRARY LEARNING RESOURCE CENTER LL104 – 1ST Floor

Date:					
Name of Storr	n:	_			
Staff Name: _	101				
IF INTERIO	R DAMAGE IS N	OTED,	COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description		nage irred?	Photo	Initial when Complete
LL100	LOBBY	Yes	No 🗆		
LL101	W. RESTROOM	Yes	No No		
LL101.1	SECRETARY	Yes Yes	No		
LL102	M. RESTROOM	Yes	No		
LL103	ELEVATOR	Yes	No No		
LL104	READING AREA		No No		
LL105	CORRIDOR	Yes			
LL106	MEDIA SVC/ INSTR	Yes	No 🗆		
LL106.1	CLOSET	Yes	No 🗆		
LL106.2	ELEV. EQUIP RM	Yes	No		
LL106.3	ELEVATOR	Yes	No D		
LL107	MECHANICAL	Yes	No D		
LL107.1	DATA/TELECOM	Yes Yes	No No		
LL108	WORKROOM		No		
LL109	CORRIDOR	Yes Yes	No	<u> </u>	
LL110	GEN. STACKS		No No		
LL110.1	CIRCULATION/RECI	Yes			

ROOM NUMBER SHEET

LIBRARY LEARNING RESOURCE CENTER LL104 – 1ST Floor

Date:					
Name of Storm	1:	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	S 5A and 5B.
Room	Room	Dam Occu		Photo	Initial when Complete
Number	Description	Yes	No No	1 11010	
LL111	CORRIDOR				
LL112	CORRIDOR	Yes	No		
LL 12	OOKKIBOX	Yes	No		
LL113	U. RESTROOM		No No		
LL114	U. RESTROOM	Yes			
	JANITORIAL.	Yes	No		
LL115	JANTONIAL	Yes	No —		
LL116	LOUNGE				
LL117	TECHNICAL PROC.	Yes	No		
<u> </u>		Yes	No		
LL118	STU COMPUTER		No	<u> </u>	
LL119	FILE SERVER	Yes		🗀 _	
		Yes	No		
LL120	PERIODICAL AREA	Yes	No	 	
LL121	OFFICE			<u> </u>	
	al coet	Yes	No F		
LL121.1	CLOSET	Yes	No		
LL122	SECRETARY			↓_□ _	
	REFERENCE AREA	Yes	No T		
LL123	THE ETTERS OF THE PERSON OF TH	Yes	No	<u> </u>	
LL123.1	STUDY ROOM			$\perp \Box$	

No

Yes

STUDY ROOM

LL123.2

ROOM NUMBER SHEET

LIBRARY LEARNING RESOURCE CENTER LL104 – 1ST Floor

Date:					
Name of Storn	ı:	_			
Staff Name:					
Otan rtamo					
IF INTERIO	R DAMAGE IS N	IOTED, (COMPLE	TE FORM	IS 5A and 5B.
Room	Room	Dam			L. W. L. Jan. Commisto
Number	Description	Occu		Photo	Initial when Complete
LL123.3	STUDY ROOM	Yes	No		
	OTHEW BOOM	Yes	No		
LL123.4	STUDY ROOM	Yes	No No		
LL124	LAW LIBRARY				
114244	CONFERENCE	Yes	No -		
LL124.1	CONTENENT	Yes	No		
LL124.2	STORAGE		<u> </u>		
LL124.3	QUIET ROOM	Yes	No 🖂		
LL 124.3	QOILT ROOM	Yes	No	<u> </u>	
LL124.4	QUITE ROOM	<u> </u>	No No		
LL124.5	STORAGE	Yes	l No	│ □_	
		Yes	No		
LL124.6	STAIRWELL	Yes	No No	 	
LL125	OFFICE				
		Yes	No		
_		$\perp \Box$	<u> </u>	<u> </u>	
		Yes	No -		
		Yes	No No	 	
———		Yes	No		
				│ □ -	
		Yes	No		
		Yes	No No	<u> </u>	

ROOM NUMBER SHEET

LIBRARY LEARNING RESOURCE CENTER LL104 – 2ND Floor

Date: _____

Name of Storn	n:	_			
Staff Name:					
IF INTERIO	R DAMAGE IS N	IOTED, C	COMPLE	TE FORM	/IS 5A and 5B.
Room Number	Room Description	Dam Occur	rred?	Photo	Initial when Complete
LL200	LOBBY	Yes	No 🔲		
LL200.1	CORRIDOR	Yes	No 🗆		
LL200.2	CORRIDOR	Yes	No		
LL200.3	CORRIDOR	Yes	×°		
LL200.4	CORRIDOR	Yes	No 🗌		
LL200.5	CORRIDOR	Yes	No 🗆		
LL200.6	CORRIDOR	Yes	No 🔲		
LL200.7	CORRIDOR	Yes	No		
LL200.8	CORRIDOR	Yes	No 🗆		
LL201	W. RESTROOM	Yes	No 🖂		
LL201.1	VESTIBULE	Yes	No 🗆		
LL202	M. RESTROOM	Yes	No		
LL202.1	VESTIBULE	Yes	No		
LL203	ELEVATOR	Yes	No		
LL204	ELEV. EQUIP RM	Yes	No		
LL205	CLASSROOM	Yes	No		
11 205 1	CLOSET	Yes	No		

ROOM NUMBER SHEET

LIBRARY LEARNING RESOURCE CENTER LL104 – 2ND Floor

Date:					
Name of Storr	n:	. →			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Occu	nage irred?	Photo	Initial when Complete
LL205.2	KITCHENETTE	Yes	No		
LL205.3	OFFICE	Yes	No 🗆		
LL205.4	STORAGE	Yes	No		
LL206	CLASSROOM	Yes	No .		
LL206.1	STORAGE	Yes	No		
LL207	AUDIO VISUAL	Yes	No		
	SECRETARY	Yes	No		
LL208.1	OFFICE	Yes	No		
LL208.2	CLOSET	Yes	No		
LL209	CLASSROOM	Yes	No		
LL209.1	EDITING	Yes	No		
LL209.2	EDITING	Yes	No		
LL209.3	VIDEO EDITING	Yes	No		
LL210	ELEVATOR	Yes	No 🗆		
LL211	OUTSIDE BALCONY	Yes	No		
LL212	STORAGE	Yes	No		
11040 4	DATA CLOSET	Yes	No C		

ROOM NUMBER SHEET

LIBRARY LEARNING RESOURCE CENTER LL104 – 2ND Floor

Date: _____

Name of Storn	n:	,			
Staff Name:					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	ETE FORM	VIS 5A and 5B.
Room Number	Room Description	Occu	nage rred?	Photo	Initial when Complete
LL213	SOUND EDITING	Yes	No 🗆		
LL213.1	FOLEY	Yes	No 🗆		
LL214	OFFICE	Yes	No 🗆		
LL215	OFFICE	Yes	No 🗆		
LL215.1	CLOSET	Yes	N₀ □		
LL216	T.V. STUDIO	Yes	No .		
LL216.1	RELAT. CLASSRM	Yes	No 🗆		
LL216.2	CONTROL ROOM	Yes	No 🗆		
LL217	U. RESTROOM	Yes	No 🗀		
LL218	U. RESTROOM	Yes	No No		
LL219	JANITORIAL	Yes			
LL220	PREP STORAGE	Yes	No 🗆		
LL221	MECHANICAL	Yes	No 🗀		
LL222	PHYSICS LAB	Yes	No		
LL222.1	STORAGE	Yes	No 🗆		
LL223	BIOLOGY LAB	Yes	No		
LL223.1	SCIENCE PREP	Yes	No		

ROOM NUMBER SHEET

LIBRARY LEARNING RESOURCE CENTER LL104 – 2ND Floor

Date: _____

Name of Storn	n:	→			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	IOTED, (COMPLE	TE FOR	/IS 5A and 5B.
Room	Room	Dam		D. (1 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Number	Description	Occu Yes	rred? □ No	Photo	Initial when Complete
LL223.2	ANIMAL PREP				
		Yes	No		
LL223.3	STORAGE	Yes	No O		
LL223.4	PREPARATION	l les			
		Yes	No	<u>L</u>	-
LL224	CLASSROOM				
LL224.1	STORAGE	Yes	No 🖂		
LLZ24, 1	OTOTOTOL	Yes	No No		
LL225	CHEM LAB				
110054	DDEDARATION	Yes	No		1
LL225.1	PREPARATION	Yes	No No		
LL225.2	STORAGE				
		Yes	No		
LL225.3	BALANCE	Yes	No		
LL225.4	SCIENCE PREP		"┌┐		
		Yes	No	<u> </u>	
LL225	CHEM LAB				
LL226	OFFICE	Yes	No -		
LLEZO	OTTIOE .	Yes	No No		
LL226.1	MECHANICAL				
LL227	JANITORIAL	Yes —	No -		
LLZZI	JANTONAL	Yes	No	<u> </u>	
LL228	LAW LIBRARY				
	a a life of the second	Yes	No		
LL228.1	CONFERENCE	Yes	No		
112282	STAIRWELL	163			

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

THEATRE MOD MOD125 – 1st Floor

5B.

Date:
Name of Storm:
Staff Name:
IF INTERIOR DAMAGE IS NOTED, COMPLETE FORMS 5A and

Room Number	Room Description	Occu	nage rred?	Photo	Initial when Complete
7,4,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		Yes	No	!	
MOD125	THEATRE MOD				
IVIODIZO		Yes	No	_	
		Yes	No		
	!	l 🖂			
		Yes	No		
		Yes	No No		
			┌┐	[]	
		Yes	No —		
		"-			
		Yes	No	 	
		"-			
	<u> </u>	Yes	No —	 	
		"-	\	\ 	
		Yes	No No		
		'6"	" -	1	
		Yes	No No	 	
		162	```	l —	
		<u> </u>	No No	 	
	 	Yes	110	1	
		<u> </u>		 - !=/	
		Yes	No	\ <u></u>	
1		_ <u> _ </u>	<u> </u>	 	
		Yes	No		
			<u></u>	_ 	
		Yes	No		
	1				
		Yes	No		

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 - 1st Floor

Date:					
Name of Storn	n:	-			
Staff Name: _			•		
IF INTERIO	R DAMAGE IS N	OTED, C	OMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occu	rred?	Photo	Initial when Complete
SC100	LOBBY	Yes	No No		
SC100.1	LOBBY	Yes	No No		
SC100.2	CORRIDOR	Yes Yes	No No		
SC100.3	LOBBY		No		
SC100.4	CORRIDOR	Yes	No No		
SC100.5	CORRIDOR	Yes	No No		
SC100.6	CORRIDOR	Yes	No No		
SC100.7	CORRIDOR	Yes	No No	<u> </u>	
SC100.8	CORRIDOR	Yes	No No		
SC101	W. RESTROOM	Yes	No No	 □ -	
SC101.1	VESTIBULE	Yes	No No	<u> </u>	
SC102	M. RESTROOM	Yes			
SC102.1	VESTIBULE	Yes	No D		
SC103	MAINTENANCE STORAGE	Yes	No 🔲		
SC104	CUSTODIAL	Yes	No		

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 - 1st Floor

Date:					
Name of Storn	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	S 5A and 5B.
Room	Room	Dam	nage		
Number	Description _	Occu		Photo	Initial when Complete
Ttarribo:	ENVIRON	Yes	No		
SC105	SCIENCE LAB				
	PREP/	Yes	No		
SC105.1	STORAGE		No L		
	OFFICE	Yes			
SC106	OFFICE	Yes	No No		
SC107	STAIRWELL		¨`		
	MECHANICAL	Yes	No		
SC108	ROOM	□ _			
	CLASSROOM	Yes	No		
SC109	LABORATORY		No	<u> </u>	
SC110	OFFICE	Yes			
	ELECTRICAL	Yes	No		
SC111	ROOM		<u> </u>	<u> </u>	
SC112	MAINTENANCE STORAGE	Yes	No □		
50112	ELEVATOR	Yes	No	<u> </u>	
SC113	EQUIPMENT			│ □ _	
-		Yes	No		
SC114	CLASSROOM				
	EPT	Yes	No		
SC115	WORKROOM	Yes	No No	 	
00110	DATA/ TELECOM	Tes	'* -		_
SC116	I ELECOM	Yes	No L	 	
SC117	ELEVATOR				

WELLNESS CTR RECEPT

SC118

Yes

No

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 - 1st Floor

Date:					
Name of Stori	m:	_			
Staff Name: _	· .				
IF INTERIO	OR DAMAGE IS N	OTED, C	OMPLE	TE FORN	IS 5A and 5B.
Room Number	Room Description	Dam Occu	rred?	Photo	Initial when Complete
SC118.1	CORRIDOR	Yes	No No		
SC119	OFFICE	Yes			
SC120	CONSULTATION	Yes	No		
SC121	AEROBICS	Yes	No I		
SC122	M. LOCKER RM	Yes	No □		
SC122.1	HALLWAY	Yes	N₀		
SC122.2	STORAGE	Yes	No 🔲		
SC122.3	M. SHOWER	Yes	No		
SC122.4	M. RESTROOM	Yes	No 🔲		
SC122.5	VESTIBULE	Yes	No		
	CONSULTATION	Yes	No T		
SC123 SC124	CONSULTATION	Yes	No 🔲		
SC124	W. LOCKER RM	Yes	No		
SC125.1	HALLWAY	Yes	No		
SC125.1	CUSTODIAL	Yes	No		

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 - 1st Floor

Date:					
Name of Storn	n:				
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description		nage irred?	Photo	Initial when Complete
		Yes	No		
SC125.3	W. SHOWER	Yes	No		
SC125.4	W. RESTROOM				
		Yes	No		
SC125.5	VESTIBULE		No No		
SC126	FITNESS/ WEIGHT ROOM	Yes			
30 120	77213111113	Yes	No		
SC126.1	STORAGE				
	OTOBACE	Yes	No	_[-]	
SC126.2	STORAGE MULTIMEDIA	Yes	No No	<u> </u>	
SC127	LECTURE				
		Yes	No		
SC127.1	STORAGE	<u> </u>	<u>↓□</u> _	<u> </u>	
SC128	ELECTRICAL ROOM	Yes	No -		
30126	CONTROL	Yes	No No	<u> </u>	
SC129	ROOM	│ □_			
		Yes	No		
SC130	RECEPTION	Yes	No L	 	
SC130.1	CORRIDOR	l les			
00100:1		Yes	No		
SC131	OFFICE	<u> </u>		<u> </u>	
SC132	OFFICE	Yes	No 🖂		

No

Yes

OFFICE

SC133

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 - 1st Floor

Date:					
Name of Storm	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	S 5A and 5B.
Room Number	Room Description	Dam Occu	rred?	Photo	Initial when Complete
SC134	OFFICE	Yes	No		
SC135	OFFICE	Yes	No 🗆		
SC136	WORKROOM	Yes	No		
SC137	OFFICE	Yes	No		
SC138	OFFICE	Yes	No		
SC139	DATA/ TELECOM	Yes	No		
SC140	W. RESTROOM	Yes	No D		
SC141	M. RESTROOM	Yes	No .		
SC142	FACULTY WORKROOM	Yes	No □		
SC143	ANATOMY/ PHYSIO CLSRM	Yes	No		
SC144	BIOLOGY LAB II	Yes	No		
SC145	BIOLOGY PREP/STRG	Yes	No □		
SC146	BIOLOGY LAB I	Yes	No .		
SC147	STAIR	Yes	No 🔲		
SC148	MECHANICAL ROOM	Yes	No 🔲		

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 – 1st Floor

Date:					
Name of Storr	n:				
Staff Name: _					
IF INTERIO	R DAMAGE IS N	IOTED, (COMPLE	TE FORN	IS 5A and 5B.
Room Number	Room Description	Damage Occurred?		Photo	Initial when Complete
SC149	PHYSICS SCIENCE LAB	Yes	No		
SC150	PHYSICS SCIENCE PREP	Yes	No		
SC151	PHYSICS LAB I	Yes	No		
SC152	SEMINAR	Yes	No 🔲		
SC152.1	ACOUSTICS	Yes	No		
SC152.2	ROBOTICS	Yes	No		
SC152.3	SPECIAL INSTRUCTION	Yes	No 🗆		
SC152.4	OPTICS	Yes	No 🔲		
SC153	STOCKROOM	Yes	No		
SC154	PHYSICS CLASSROOM	Yes	No 🗆		
SC155	STORAGE	Yes	No 🗆		
SC156	ELEVATOR EQUIPMENT	Yes	No 🗆		
SC157	ELEVATOR	Yes	No 🗆		
SC158	RECEPTION	Yes	No □		

No

Yes

WORKROOM

SC158.1

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 - 1st Floor

Date:					
Name of Storn	n:				
Staff Name:					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	S 5A and 5B.
Room Number	Room Description	Dam Occu		Photo _	Initial when Complete
SC159	CONFERENCE ROOM	Yes	No 🗀		
SC160	OFFICE	Yes	No 🔲		
SC161	LECTURE ROOM	Yes	No No		
SC161.1	CLOSET	Yes Yes	No No		
SC162	M. RESTROOM	Yes	No		
SC163	FACILITIES STORAGE	Yes	No		
SC164	CUSTODIAL	Yes	No No		
SC165	MECHANICAL	Yes	No		
SC166	STAIRWALL	Yes	No No		
SC167	ELECTRICAL ROOM_	Yes	No No		
SC168	MAINTENANCE ROOM	Yes	No No		
SC169	CLASSROOM	Yes	No		
SC170	CLASSROOM	Yes	No No		
SC171	W. RESTROOM	Yes	No		
SC172	STAIRWELL				

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 - 2nd Floor

Date:					
Name of Storn	n:	-			
Staff Name: _					
IF INTERIO	R DAMAGE IS NO	OTED, C	OMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Dam Occu		Photo_	Initial when Complete
SC200	LOBBY	Yes	No No		
SC200.1	CORRIDOR	Yes			
SC200.2	LOBBY	Yes	No		
SC200.3	CORRIDOR	Yes	No 🗆		
SC200.4	CORRIDOR	Yes	No .		
SC200.5	CORRIDOR	Yes	No 🔲		
SC200.6	CORRIDOR	Yes	No 🗆		
SC200.7	CORRIDOR	Yes	No 🗆		
SC200.8	CORRIDOR	Yes	No □		
SC200.9	CORRIDOR	Yes	No 🗆		
SC201	CONFERENCE	Yes	No 🔲		
SC202	M. RESTROOM	Yes	No		
SC202.1	VESTIBULE	Yes	No 🗆		
SC203	W. RESTROOM	Yes	No 🔲		
SC203.1	VESTIBULE	Yes	No □		

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 - 2nd Floor

Date:		_			
	m:				
Staff Name: _					
IF INTERIC	OR DAMAGE IS N			TE FORM	IS 5A and 5B.
Room	Room Description	Dam Occu		Photo	Initial when Complete
Number SC204	RECEPTION	Yes Yes	No No		
SC204.1	FILE ROOM	Tes			
SC204.2	WORKROOM	Yes	No 🗆		
SC204.3	HALLWAY	Yes Yes	No No		
SC205	OFFICE				
SC206	OFFICE	Yes	No No		
SC207	STORAGE	Yes Yes	No No		
SC208	OFFICE	Yes	No No		
SC209	OFFICE				
SC210	FACULTY WORKROOM	Yes	No 🗀		
SC211	BIO-TECH CLASSROOM	Yes	No No	<u> </u>	
SC212	STAIRWAY				
SC212.1	SHIP'S LAB	Yes	No 🗆		
SC213	MECHANICAL	Yes	No □		

No

Yes

BIO-TECH LAB

SC214

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 - 2nd Floor

Date:					
Name of Storm	:				
Staff Name:					
	R DAMAGE IS NO	OTED, C	OMPLE	TE FORM	S 5A and 5B.
Room	Room		nage	Photo	Initial when Complete
Number	Description		rred?	Photo	Initial Whom Complete
SC215	BIO-TECH LAB_SUPPORT	Yes	No		
SC216	OFFICE	Yes	No	. 🗆 📗	
SC217	PREP/ STORAGE RM	Yes	No		
SC218	DATA/ TELECOM	Yes	No 🔲		
SC219	PREP ROOM	Yes	No 🗀		
SC220	HORTICULTURE LAB	Yes	No		
SC221	HORTICULTURE LAB	Yes	No		
SC222	PREP ROOM	Yes	No 🔲		
SC223	BOTANY LAB	Yes	No		
SC224	EARTH SCIENCE LAB	Yes	No		
SC225	MECHANICAL	Yes	No 🔲		
SC226	A.V. STORAGE	Yes	No		
SC227	OFFICE	Yes	No 🔲		
SC228	OFFICE	Yes Yes	No D		
	1	162	1110	1	I

OFFICE

SC229

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 – 2nd Floor

Date:					
Name of Storn	n:				
Staff Name: _					
IF INTERIO	R DAMAGE IS NO	OTED, C	COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description		nage irred?	Photo	Initial when Complete
SC230	DATA/ TELECOM	Yes	No No		
SC231	ANATOMY/ PHYSIO LAB	Yes	No No		
SC232	PREP ROOM				
SC233	ANATOMY PHYSIO LAB	Yes	No 🔲		
SC234	FLEX ANATOMY PHYSIO	Yes	No		
SC235	PREP ROOM	Yes Yes	No No		
SC236	MICROBIOLOGY LAB	Yes	No		
SC237	STAIR	Yes	No No		<u> </u>
SC237.1	SHIP'S LAB				
SC238	MECHANICAL	Yes	No No		
SC239	ORGANIC CHEMISTRY LAB	Yes Yes	No		
SC240	PREP ROOM	Yes	No No		
SC241	CHEMISTRY LAB	Yes	No		
SC241.1	INSTRUMENTS	Yes	No No		
SC242	CHEMISTRY LAB	Yes			

ROOM NUMBER SHEET

BIOSCIENCE BUILDING SC116 - 2nd Floor

Date:					
Name of Storr	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	TE FORM	IS 5A and 5B.
Room Number	Room Description	Occi	nage urred?	Photo	Initial when Complete
SC243	PREP ROOM	Yes	No		
SC244	FLEX LAB	Yes	No		
SC245	WORKROOM	Yes	No		
SC246	RECEPTION	Yes	No		
SC246.1	HALL	Yes	No 🔲		
SC247	OFFICE	Yes	No		
SC248	OFFICE	Yes	No		
SC249	STORAGE	Yes	No 🔲		
SC250	OFFICE	Yes	No		
SC251	OFFICE	Yes	No		
SC252	OFFICE	Yes	No		
SC253	WORKROOM	Yes	No		
SC254	M. RESTROOM	Yes	No		
SC255	CLASSROOM	Yes	No		
SC256	CLASSROOM	Yes	No		

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

BIOSCIENCE BUILDING SC116 - 2nd Floor

Date:					
Name of Storr	n:	_			
Staff Name: _					
IF INTERIO	R DAMAGE IS N	OTED, (COMPLE	ETE FORM	/IS 5A and 5B.
Room Number	Room Description	Occi	nage urred?	Photo_	Initial when Complete
SC257	DATA/ TELECOM	Yes	No 🗆		
SC258	CUSTODIAL	Yes	No 🗆		
SC259	MECHANICAL	Yes	No		
SC260	STAIRWELL	Yes Yes	No D		
SC261	ELECTRICAL	Yes	No No		
SC262	I.T. STORAGE	Yes	No No		
SC263	CLASSROOM	Yes	No		
SC264	CLASSROOM	Yes	No		
SC265	W. RESTROOM STUDENT/	Yes	No No		
SC266	STAFF SEMINAR	Yes	No No		
SC267	WIFI BAR CONFERENCE	Yes	No.		
SC268	ROOM	Yes	No No		
		Yes	No		
		Yes	No No		

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

STORAGE TRAILER ST254 – 1ST Floor

	OIZOT - I	1 1001
Date:		

Name of Storn	n:	_					
Staff Name: _	<u> </u>						
IF INTERIO	IF INTERIOR DAMAGE IS NOTED, COMPLETE FORMS 5A and 5B.						
Room	Room	Dan	nage				
Number	Description	Occ <u>u</u>	rred?	Photo	Initial when Complete		
ST101	STORAGE	Yes	No				
		Yes	No				
ST101.1	U. RESTROOM						
ST101.2	WORK AREA/ STOR	Yes	No □				
	·	Yes	No -				
-		Yes	No	<u> </u>			
		l les					
		Yes	No				
		Yes	No No				
		res					
	-	Yes	No				
		Yes 🗀	No				
		Yes	No	· ·			
		Yes	No				
		Yes	No No				
		Yes	No				
<u> </u>	<u> </u>	Yes	No No	 			
		Yes	No -		1		
		Yes	No No				

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

STORAGE TRAILER STR253 – 1ST Floor

Date:		_			
Name of Storr	n:				
Staff Name: _					
IF INTERIO	R DAMAGE IS N	NOTED,	COMPLE	TE FORM	MS 5A and 5B.
Room Number	Room Description		nage irred?	Photo	Initial when Complete
STR101	STORAGE	Yes	No		
STR101.1	HALLWAY	Yes	No		
STR102	OFFICE	Yes	No		
STR103	OFFICE	Yes	No		
STR103.1	STORAGE	Yes	No No		
STR104	U. RESTROOM	Yes	No		
STR105	STORAGE	Yes	No		
STR106	OFFICE	Yes	No		
STR106.1	DATA/TELECOM	Yes	No		
		Yes	No C		
		Yes	No C		
		Yes	No		
		Yes	No		
		Yes	No T		
		Yes	No		
		Yes	No C		
		i 🗀	\sqcup	├	

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 r	equired for all damage
☐ 2x2 lay-i ☐ 2x4 lay-i ☐ Drywall o ☐ Ceiling li ☐ Equipme	eiling collapsed/destroyed n ceiling tiles water damaged - N n ceiling tiles water damaged - N ceiling water damaged - NS _ ights damaged lights (2x4 la ent above ceiling is exposed and	IS EW Cent EW Centerx y-in Fluorescent/Incande	erx tiles sections escent)
☐ Drywall v ☐ Drywall v ☐ Drywall v ☐ Window/ ☐ Window/ ☐ Door/Fra ☐ Door/Fra	dows-Doors vet/damaged ceiling down - N' vet/damaged floor up - N' ×' vet/damaged below window - N _ Frame destroyed - N' ×' S_ Frame broken/damaged - N' × ime destroyed - N' ×' S ime broken/damaged - N' ×'	Sx_,' E_,'x W _,'x_,' Sx_,' E_,'x x_,' E_,'x W_,'x	'' ×' x' W' ×' W_' x_'
☐ Carpet v	wet/damaged at door' x' wet/damaged below window - N _ wet/damaged at room interior e wet/damaged - N' x' S	_'x' Sx_' E_'>	
Comment	<u>S</u>		
Width:		Height:	

PALM BEACH STATE COLLEGE CONTENTS DAMAGE ASSESSMENT

Description & electronic photo of damage required

Date:	Name of Storm:	Campus:	Do not write in shaded areas
Building/Area N	ame:	Area/Room	#:
Staff Name:			
			Action of the Section
	W (D) W	Section Sectio	Office Use Only
	Item / Description	Qty	Cost Total
		E d'Albrent Tourne de la commandant de	
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		Superior State Control of Control	A CANADA MARIAN AND AND AND AND AND AND AND AND AND A
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			Total

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

Date:		Campus: Palm Beach Gardens			
Name of St	orm:			may be den repaired by a tractor	
Bldg #	Building Name	Description of Damage	OCCUP		Est.
			YES	NO	
AD101	ADMINISTRATION				

	In	I	outside con		T
Bldg #	Building Name	Description of Damage	OCCUP		Est. Cost
AD101	ADMINISTRATION		YES	NO	1
YOLOI	ADMINISTRATION			1	
AA102	CLASSROOM BLDG AA				
CM103	CENTRAL MECHANICAL				
	1,				
LL104	LLRC/LAB				
BR106	REYNOLDS STUDENT CTR	-	-	 	
	THE THOUSE OF COLUMN				
LC107	LEWIS CENTER				
AU108	EISSEY CAMPUS THEATRE		<u></u>		
GH110	ODEENHOUSEANDOEDV	<u> </u>			
GATTU	GREENHOUSE/NURSERY			 	
BB111	CLASSROOM BLDG BB				
		-			
CEL115	CTR FOR EARLY LEARNING				
	-				
SC116	BIOSCIENCE BUILDING				
FN117	FACILITIES BUILDING				
	PACILITIES BUILDING				
CMB118	CHILLER BUILDING		· · · · · · · · · · · · · · · · · · ·		
	<u> </u>				
CN120	CONCESSION BUILDING				
MOD125	THEATRE MOD				
STR253	STORAGE TRAILER				
- 0111200	OTOTOGE TONICER	-			
ST254	STORAGE TRAILER		-		
_	-				
Grounds	Rose Zone				
	Conner Zone				
	Copper Zone				
	Aqua Zone				
					
_	Blue Zone				
			-		
Roadways	_				
	Total Estimated Cost				
	i otat Estimated COST	İ	I		

PALM BEACH STATE COLLEGE FACILITIES ASSIGNMENT WORK FORM

Date: Employee Name:	Campus:			
Building/Rm #	Work Completed	Materials Used	Work Order#	Hour
			.)	
			:	i