UNIT DAMAGE ASSESSMENT FORM - SPACE

Fax completed form to EH&S at 561-297-2210, e-mail to ehs@fau.edu, or hand deliver to EH&S offices. DO NOT SUBMIT THIS FORM TO WORK CONTROL

Campus ___________________ Building Name _________________ Bldg # ____________ Room # ____________

REMEMBER, YOUR SAFETY COMES FIRST!

Space is (check all that apply):
☐ Not usable ☐ Usable ☐ Wet/Damp ☐ Dry

In the aftermath of a disaster, evaluating and reporting damages in your unit's facilities is everybody's responsibility.

Check which basic services are operational:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>☐</td>
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</tr>
<tr>
<td>Internet</td>
<td>☐</td>
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<tr>
<td>Power</td>
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<tr>
<td>Water</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Ceiling tiles (e.g., wet, sagging, missing):
____________________________________________________________________________________

Walls (e.g., cracks, watermarks, soot):
____________________________________________________________________________________

Floor/Carpet (e.g., wet, burnt, torn, mildew):
____________________________________________________________________________________

Water leaks (e.g., from roofs, through walls, windows):
____________________________________________________________________________________

Doors & Windows (e.g. broken locks, hinges, awnings):
____________________________________________________________________________________

Fixtures (e.g., electrical outlets, lightning):
____________________________________________________________________________________

Other:
____________________________________________________________________________________
____________________________________________________________________________________

Contact Person: ____________________________ Telephone ____________________________
Department: _______________________________ Fax Number: ____________________________

Duplicate as required