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 #
	ı	REMEMBER, YOUR	SAFETY COMES FII	RST!	
Space is (chec		l y): □ Usable	□ Wet/Da	amp	□ Dry
In the aftermat	h of a disaster, e	valuating and reporting d	amages in your unit's fa	cilities is ever	ybody's responsibility.
Check which b	oasic services	are operational:			
Phone Internet	Yes □ □	No □ □	Power Water	Yes □ □	No □ □
Ceiling tiles (e.ç	g., wet, saggin	g, missing):			
Walls (e.g., cra	cks, watermark	xs, soot):			
		torn, mildew):			
		through walls, windov			
Doors & Windo	ws (e.g. broke	n locks, hinges, awnir	ngs):		
Fixtures (e.g., e	electrical outlet	s, lightning):			
Other:					
Contact Person	1:		Telephone		
Department:			Fax Number		

Duplicate as required