

DORMITORY MAP

Facility Name: _____

Address: _____

This form is to be used by the Dormitory Supervisor and the Registration Team. The form will be kept at Registration to aid in assigning cots to clients. The Dormitory Team will be provided copies of the completed form with updates to cot assignments being provided as regularly as possible.

TO BE COMPLETED BY THE DORMITORY SUPERVISOR:

Draw a dormitory map in the box below, indicating doors, restroom access, aisles, emergency exits and cot placement. Number the cots. When the map is completed turn this form into the Registration Team Supervisor.



