

Company Name: _____
Suite Number: _____
Form Complete By: _____

Today's Date: _____
Main Phone: _____
Main Fax: _____

Tenants are to ensure that the below information is kept up to date and are to immediately advise Building Management of any changes.

FLOOR WARDEN / SAFETY MONITOR ASSIGNMENT FORM

In order to ensure the safety of your employees during an emergency situation, we are asking for your cooperation in providing participants to act as Tenant Floor Wardens and Safety Monitors on behalf of your department or company in the event that an evacuation of the building becomes necessary. Please indicate below the assigned individuals for your facility. Should your business occupy more than one floor, please complete a form for each floor.

Name of Floor Warden : _____

Name of Alternate Floor Warden : _____

Name of Safety Monitor : _____

Name of Alternate Safety Monitor : _____

SPECIAL NEEDS LIST

Please indicate any person(s) in your office or department requiring assistance in the event that an evacuation of the building becomes necessary. The information received will be given to emergency personnel upon arrival at the building. Special needs (physically impaired) persons may be defined as:

- Elderly persons
- Pregnant women
- Persons confined to wheel chairs
- Persons dependent on crutches, canes, walkers, etc.
- Persons recovering from recent surgery/accident
- Persons with significant hearing or sight impairment
- Persons with heart or respiratory problems
- Extreme case of obesity

Name: _____

Reason assistance required: _____

Name: _____

Reason assistance required: _____

Name: _____

Reason assistance required: _____

Name: _____

Reason assistance required: _____