

Tenant Fire & Life Safety Teams

Company Name:		Suite #:
Total # of Employees:	# of Daytime Occupants:	# of Evening Occupants:
Company's Offsite Meeting Location/Address:		
Total # of Desktop Towers:		
Total # of Laptops:		
Floor Emergency Team/Position	Name, Office Phone, and Email of Designated Person	Name, Office Phone, and Email of Alternate
Area Warden		
Floor Leader(s)		
Elevator/Stairwell Monitors		
Aids to Disabled Persons		
Searchers (minimum 2)		
Communicator Between Floor Leaders (if applicable)		

Persons Requiring Assistance

Name of Individual Requiring Assistance:	
Location/Office on the Floor:	Phone #:
Type of Assistance Needed:	
Name of Designated Evacuation Assistant:	
Designated Evacuation Assistant Phone #:	

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