

Headquarters Plaza Fire Life Safety

For your safety and the safety of all building tenants, please keep your response team list updated and notify security of any changes.

Tenant Name: _____
Tower _____ Floor _____
Completed By: _____ Phone # _____

of Employees: _____ # of Physically Impaired Employees _____

Name of Individual _____ Phone # _____
Location of Individual _____
Name of Assistant _____ Phone # _____

Name of Individual _____ Phone # _____
Location of Individual _____
Name of Assistant _____ Phone # _____

Name of Individual _____ Phone # _____
Location of Individual _____
Name of Assistant _____ Phone # _____

Please assign two (2) wardens per floor

Fire Warden _____ Phone # _____
Floor _____ Email _____

Fire Warden _____ Phone # _____
Floor _____ Email _____

Alternate Fire Warden _____ Phone # _____
Floor _____ Email _____

Alternate Fire Warden _____ Phone # _____
Floor _____ Email _____