

TENANT LIFE SAFETY INFORMATION

Tenant Name: \_\_\_\_\_ Suite No: \_\_\_\_\_

**Head Safety Coordinator/Fire Warden:**

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Assistant Fire Warden:**

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Alternate Name:**

\_\_\_\_\_

**Searcher(s)**

**Name:**

\_\_\_\_\_

**Name:**

\_\_\_\_\_

**Name:**

\_\_\_\_\_

**Stairwell Monitor(s)**

**Name:**

\_\_\_\_\_

**Name:**

\_\_\_\_\_

**Alternate:**

\_\_\_\_\_

**Alternate:**

\_\_\_\_\_

**Elevator Monitor**

**Name:**

---

**Alternate:**

---

**Please list names of the aides who will assist handicap employees to the stairwell in case of an evacuation if necessary.**

**Aide:** \_\_\_\_\_

**Aide:** \_\_\_\_\_