

# EMERGENCY CONTACT INFORMATION

Information requested:

1. Floor Warden
2. Special Assistance Employees
3. After Hours Emergency Contact Information

Suite Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

## 1) FLOOR WARDENS

If an emergency occurs in the building during work hours, persons assigned as Floor Wardens assist building management in executing an emergency plan. Please provide us with the names, emails and work numbers of the people to contact.

	Contact	Phone	Email
Floor Warden	_____	_____	_____
Alternate 1	_____	_____	_____
Alternate 2	_____	_____	_____

Number of Employees in assigned Warden's area \_\_\_\_\_

## 2) SPECIAL ASSISTANCE EMPLOYEES

Please provide the names and phone numbers of your employees who may require special assistance in the case of a building emergency. We will meet with them personally to discuss their needs and provide information about building emergency procedures.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## 3) AFTER HOURS EMERGENCY CONTACT

If an emergency occurs in the building after hours, it may be necessary for Building Management to contact a representative from your office. Please provide us with the names and home phone numbers of people to contact.

	Contact	Title	Home Phone	Cell
Primary	_____	_____	_____	_____
2 <sup>ND</sup>	_____	_____	_____	_____
3 <sup>RD</sup>	_____	_____	_____	_____