HILLS PLAZA TENANT SAFETY INFORMATION

Company: _____ Bldg/Flr: _____

Contact Person: _____ Total # of Employees: _____

Main Telephone Number: _____ Main Fax Number: _____

Hours of Operations: _____

Contacts in Event of an Emergency - In Priority Order

Name	Cell Phone	Email
1		
2		
3		
4		

Floor Wardens (if occupy multiple floors, please list location of warden)

Name	Cell Phone	Floor/Quad	Email

Disabled Employees (employees that require assistance in a fire or emergency) **Note: at minimum two (2) assistants should be identified per person**

Name	Disability	Location	Email
	Assistant 1		
	Assistant 2		
	Assistant 1		
	Assistant 2		
	Assistant 1		
	Assistant 2		

Approved by - Name: _____ Date: _____