



## Fire / Life Safety Information

Tenant Name: \_\_\_\_\_ Suite: \_\_\_\_\_

Head Safety Coordinator/Floor Warden:

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Assistant Floor Warden

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Floor Warden: \_\_\_\_\_

Searcher (s)

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Stairwell Monitor (s)

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Stairwell Monitor (s)

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Elevator Monitor

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Elevator Monitor

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Please list your company's designated assembly areas outside the building that will be used as rally points in the event of a building evacuation (at least two blocks from the building):

Assembly Area 1: \_\_\_\_\_

Assembly Area 2: \_\_\_\_\_



**Occupants**

*In order to plan for tenant appreciation events and for emergency planning please provide occupant information.*

Total number of Occupants: \_\_\_\_\_

Occupants During Day: \_\_\_\_\_

Occupants During Night: \_\_\_\_\_

*If you occupy more than one floor please specify occupants per floor*

DAY

Occupants on Floor #\_\_\_\_: \_\_\_\_\_

Occupants on Floor #\_\_\_\_: \_\_\_\_\_

Occupants on Floor #\_\_\_\_: \_\_\_\_\_

Occupants on Floor #\_\_\_\_: \_\_\_\_\_

Occupants on Floor #\_\_\_\_: \_\_\_\_\_

NIGHT

Occupants on Floor #\_\_\_\_: \_\_\_\_\_

Occupants on Floor #\_\_\_\_: \_\_\_\_\_

Occupants on Floor #\_\_\_\_: \_\_\_\_\_

Occupants on Floor #\_\_\_\_: \_\_\_\_\_

Occupants on Floor #\_\_\_\_: \_\_\_\_\_

*Please list employees needing assistance and names of the aides who will assist them to the stairwell in case of an evacuation. Please attach additional pages as needed.*

Employee

Name: \_\_\_\_\_ Aides: \_\_\_\_\_

Location: \_\_\_\_\_

Assistance Needed: \_\_\_\_\_

Employee

Name: \_\_\_\_\_ Aides: \_\_\_\_\_

Location: \_\_\_\_\_

Assistance Needed: \_\_\_\_\_

**Please return the completed form to the Office of the Building or via email to [sherice.patten@piedmontreit.com](mailto:sherice.patten@piedmontreit.com) as soon as possible.**

*Please remember to keep this sheet up-to-date at all times. This information is consistently used by the Office of the Building and is necessary to keep all tenants properly informed. As a tenant, it is your responsibility to provide us with any updates. Remember to update your security listings as well. For help, please call the Office of the Building at (312) 964-9130.*

**Tenant Information Sheet Completed By: \_\_\_\_\_ Date: \_\_\_\_\_**