



**FIRE & LIFE SAFETY INFORMATION SHEET
PACIFIC CENTER**

Tenant Name: _____ Building / Suite: _____

Number of employees in the office: _____

SUITE WARDEN(S)

(Recommendation is one Warden for every 25 employees)

SUITE WARDEN

SUITE WARDEN ALTERNATE

Please list below the Physically Impaired/Disabled in your office:

Name	Area / Floor / Dept.
_____	_____
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACT(S):

_____ Home #: _____
_____ Home #: _____

*(A person of authority within your company to be notified in the event of an after hours emergency.)
Please check to make sure you still have out Suite Warden Vest. If you need a replacement, please call the office of the building.*