



PARMENTER.

900 Ashwood Parkway
FIRE WARDEN FORM

DATE: _____

COMPANY: _____

SUITE: _____

TELEPHONE: _____

Please assign two Fire Wardens for your suite. These employees will be your contacts in case of an emergency in your suite and for the building. They will attend lunch meetings with the building management to discuss new procedures and training.

1st Fire Warden

Name: _____

Email: _____

2nd Fire Warden

Name: _____

Email: _____

Please also inform us of any disabled or handicapped persons in your suite, this information is extremely important for fire fighters when an emergency occurs or during our fire drills.

Number of handicapped persons/persons needing assistance in case of emergency _____.

Please list their names below;

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____