

DOMINION TOWERS

Fire-Life Safety Information

GENERAL INFORMATION

Business Name: _____
Business Address _____
Type of Business: _____
Number of On-Site Employees: _____
Hours of Operation: _____ Last Updated: _____

FLOOR WARDEN

Name: _____
Floor: _____
Mobile Phone (for all-clear): _____
Mobile Provider (for SMS) _____
E-Mail: _____
Hours On-Site: _____

DEPUTY WARDEN

Name: _____
Floor: _____
Mobile Phone (for all-clear): _____
Mobile Provider (for SMS) _____
E-Mail: _____
Hours On-Site: _____

Note: All-clear notifications will be sent via email and/or text. Please provide one or both in this section.

MOBILITY IMPAIRED PERSON(S)

Name: _____
Floor/Stairwell Location: _____
Mobile Phone: _____
Mobile Provider (for SMS) _____
E-Mail: _____
Hours On-Site: _____

Name: _____
Floor/Stairwell Location: _____
Mobile Phone: _____
Mobile Provider (for SMS) _____
E-Mail: _____
Hours On-Site: _____

MOBILITY IMPAIRED MONITOR #1

Name: _____
Floor/Stairwell Location: _____
Mobile Phone (for all-clear): _____
Mobile Provider (for SMS) _____
E-Mail: _____
Hours On-Site: _____

MOBILITY IMPAIRED MONITOR #2

Name: _____
Floor/Stairwell Location: _____
Mobile Phone (for all-clear): _____
Mobile Provider (for SMS) _____
E-Mail: _____
Hours On-Site: _____