

DEPUTY FLOOR WARDENS:

Tenants must appoint at least **ONE** Deputy Floor Warden for their suite. Full floor tenants must designate at least **TWO** Deputy Floor Wardens **per floor**. In the absence of the designated Floor Warden(s), the Deputy Warden will assume the duties of the Floor Warden.

**Note: Please assign at least one (1) alternate for each Deputy Floor Warden in case of absence.*

Name	Role (Primary / Alternate)	Office Phone	Mobile Phone	Email Address

SEARCHERS:

Please designate at least **TWO** Searchers **per floor** or **per suite**. Searchers are assigned in pairs – (1) male and (1) female.

**Note: Please assign at least one (1) alternate for each Searcher in case of absence.*

Name	Role (Primary / Alternate)	Office Phone	Mobile Phone	Email Address

STAIRWELL / EXIT MONITORS:

Please designate at least **TWO** Stairwell Monitors - **ONE** for each stairwell located on your floor. Stairwell Monitors are assigned to each exit stairwell.

North Stairwell – (1) Primary & (2) Alternates

**Note: Please assign at least two (2) alternates in case of absence.*

Name	Role (Primary / Alternate)	Office Phone	Mobile Phone	Email Address

South Stairwell – (1) Primary & (2) Alternates

**Note: Please assign at least two (2) alternates in case of absence.*

Name	Role (Primary / Alternate)	Office Phone	Mobile Phone	Email Address

ELEVATOR MONITORS:

Please designate at least **ONE** Elevator Monitor **per floor**.

**Note: Please assign at least two (2) alternates in case of absence.*

Name	Role (Primary / Alternate)	Office Phone	Mobile Phone	Email Address

AIDES TO THE PHYSICALLY CHALLENGED:

Please designate **TWO** employees **for each** individual needing assistance.

**Note: Please assign at least one (1) alternate for each Aide in case of absence.*

Name	Role (Primary / Alternate)	Office Phone	Mobile Phone	Email Address

Note: It is the responsibility of the Tenant to keep a fully updated copy of this form on file in the Management Office. All tenant information is kept strictly confidential and will only be used in the event of an emergency.

Completed by: _____

Date Completed: _____

Please return completed form to:

Jordan Lee, Property Administrator

Jordan.Lee@am.jll.com

Phone: (415) 391-3471



PERSONS REQUIRING ASSISTANCE

Please list the name, location and phone number of individuals who are mobility impaired that may require assistance during an emergency. This includes individuals with permanent disabilities or temporary disabilities such as persons with a broken leg or pregnant. Please also indicate the type of disability and a Relocation Aide. A Relocation Aide is a co-worker that has been requested by the individual to assist them during an emergency.

TENANTS OCCUPYING MORE THAN ONE FLOOR NEED TO COMPLETE A FORM FOR EACH FLOOR

Date: _____

Company: _____ Suite/Floor No.: _____

Phone No.: _____

Name	Location on Floor	Phone Number	Type of Disability or Assistance Needed	Name of Relocation Aide

Note: It is the responsibility of the Tenant to keep a fully updated copy of this form on file in the Management Office. All tenant information is kept strictly confidential and will only be used in the event of an emergency.

Completed by: _____

Date Completed: _____

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