

BUILDING : 105 Adelaide Street West

SUITE NO. : _____

TENANT NAME : _____
(Please Print)

DATE : _____

| LIFE SAFETY TEAM | | | | | |
|------------------|---------------|---------------------------|-----------------|------------|-------|
| Floor(s) | Employee Name | Life Safety Team Position | Contact Details | | |
| | | | Work Phone | Cell Phone | Email |
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DESIGNATED MEETING POINT _____

| PERSONS REQUIRING ASSISTANCE (PRA) | | | | | |
|------------------------------------|---------------|-----------------------|-----------------|------------|-------|
| Floor | Employee Name | Reason for Assistance | Contact Details | | |
| | | | Work Phone | Cell Phone | Email |
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[Please refer to the Tenant Handbook or contact Building Security for more information]