Brookfield

HUDSON'S BAY CENTRE

EMERGENCY CONTACT FORM

BUILDING : Hudson's Bay Centre

SUITE NO. :

COMPANY NAME:

DATE :

LIFE SAFETY/FIRE WARDEN TEAM:

Floor(s)	Employee Name	Life Safety Team Position	Contact Details		
			Work Phone	Cell Phone	Email

Designated Meeting Place:

PERSONS REQUIRING ASSISTANCE

Floor(s)	Employee Name	Reason for Assistance	Contact Details		
			Work Phone	Cell Phone	Email