

# Brookfield Properties

## BAY ADELAIDE CENTRE LIFE SAFETY FORM

Building: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Suite Number: \_\_\_\_\_

Date: \_\_\_\_\_

### LIFE SAFETY TEAM

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

### PERSONS REQUIRING ASSISTANCE (PRA)

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

**Designated Meeting Point:** \_\_\_\_\_

Please refer to the Tenant Handbook or contact Building Security for more information at 647-260-1136.