

**BUILDING :** First Canadian Place, 100 King 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

**DESIGNATED MEETING POINT** \_\_\_\_\_

PERSONS REQUIRING ASSISTANCE (PRA)					
Floor	Employee Name	Reason for Assistance	Contact Details		
			Work Phone	Cell Phone	Email

[Please refer to the Tenant Handbook or contact Building Security for more information]