LIFE SAFETY TEAM AND PERSONS REQUIRING ASSISTANCE FORM

BUILDING: Telus Garden

TENANT NAME: _____ **Suite No.:** _____

(please print)

LIFE SAFETY TEAM			
Assigned Floors	**Employee Name**	**Life Safety Team Position**	**Equipment Received**

[please refer to the Fire Safety Plan for Life Safety Team Position Requirements]

PERSONS REQUIRING ASSISTANCE		
Assigned Floors	**Employee Name**	**Reason for Assistance**