## 621-633 17th STREET

## FIRE-LIFE SAFETY

## **TENANT RESPONSE TEAM**

CIRCLE ONE: SINGLE-TENANT FLOOR	
Tenant:	Floor(s) #:
Main Phone:	_
Date Form Updated:	
Updated By:	_
Floor Warden (required)	
	Time:
	Work Schedule:
	Extension:
Cell Phone:	
Email Address (required):	
Percentage of time spent off site during be	
Is the Emergency Evacuation Member pre	esently certified in CPR/First Aid?
Floor Warden (2 <sup>nd</sup> for larger tenants)	
	Time:
	Work Schedule:
Cell Phone:	
Cell Phone:	
Email Address (required):	
Email Address (required): Percentage of time spent off site during be	usiness hours:
Email Address (required): Percentage of time spent off site during be	
Email Address (required): Percentage of time spent off site during be	usiness hours:
Email Address (required): Percentage of time spent off site during be Is the Emergency Evacuation Member pre Alternate Floor Warden (required)	usiness hours: esently certified in CPR/First Aid?
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Equity Office

Alternate Runner (required)			
Employee:	Time:		
Department:			
Work Phone:	_Extension:		
Cell Phone:			
Email Address:	—		
Percentage of time spent off site during bu	usiness hours:		
Is the Emergency Evacuation Member pre	sently certified in CPR/First Aid?	🗌 Yes	🗌 No
Stairwell Monitor			
Employee:	Time		
Department:			
Work Phone:			
Cell Phone:			
Percentage of time spent off site during bu			
Is the Emergency Evacuation Member pre			
is the Emergency Evacuation Member pre	sentiy certined in CFR/First Aid?		
Stairwell Monitor			
Employee:			
Department:			
Work Phone:	_Extension:		
Cell Phone:	_		
Email Address:			
Percentage of time spent off site during bu	usiness hours:		
Is the Emergency Evacuation Member pre	sently certified in CPR/First Aid?	🗌 Yes	🗌 No
Alternate Stairwell Monitor			
Employee:	Time:		
Department:			
Work Phone:			
Cell Phone:			
Email Address:			
Percentage of time spent off site during bu	usiness hours:		
Is the Emergency Evacuation Member pre		🗌 Yes	🗌 No
Elevator Monitor			
Employee:	Time:		
Department:			
Work Phone:			
Cell Phone:			
Email Address:			
Percentage of time spent off site during bu	usiness hours:		
Is the Emergency Evacuation Member pre-	sently certified in CPR/First Aid?	🗌 Yes	🗌 No



Alternate Elevator Monitor			
Employee:	Time:		
Department:	Work Schedule:		
Work Phone:Extension:			
Cell Phone:			
Email Address:			
Percentage of time spent off site during business hours:			
Is the Emergency Evacuation Member presently certified	in CPR/First Aid?	🗌 Yes	🗌 No
Searcher			
Employee:	Time:		
Department:	Work Schedule:		
Work Phone:Extension:			
Cell Phone:			
Email Address:			
Percentage of time spent off site during business hours:			
Is the Emergency Evacuation Member presently certified	in CPR/First Aid?	🗌 Yes	🗌 No
Searcher			
Employee:	Time:		
Department:			
Work Phone:Extension:			
Cell Phone:			
Email Address:			
Percentage of time spent off site during business hours:			
Is the Emergency Evacuation Member presently certified	in CPR/First Aid?	🗌 Yes	🗌 No
Alternate Searcher			
Employee:	Time:		
Department:			
Work Phone:Extension:			
Cell Phone:			
Email Address:			
Percentage of time spent off site during business hours:			
Is the Emergency Evacuation Member presently certified	in CPR/First Aid?	🗌 Yes	🗌 No

Please return this form to Matt Watson via e-mail at matt.watson@621-633.com or fax at 720.550.5780.

