

621-633 17th STREET
FIRE-LIFE SAFETY
TENANT RESPONSE TEAM

CIRCLE ONE: SINGLE-TENANT FLOOR MULTI-TENANT FLOOR

Tenant: _____ Floor(s) #: _____
Main Phone: _____
Date Form Updated: _____
Updated By: _____

Floor Warden (required)

Employee: _____ Time: _____
Department: _____ Work Schedule: _____
Work Phone: _____ Extension: _____
Cell Phone: _____
Email Address (required): _____
Percentage of time spent off site during business hours: _____
Is the Emergency Evacuation Member presently certified in CPR/First Aid? Yes No

Floor Warden (2nd for larger tenants)

Employee: _____ Time: _____
Department: _____ Work Schedule: _____
Work Phone: _____ Extension: _____
Cell Phone: _____
Email Address (required): _____
Percentage of time spent off site during business hours: _____
Is the Emergency Evacuation Member presently certified in CPR/First Aid? Yes No

Alternate Floor Warden (required)

Employee: _____ Time: _____
Department: _____ Work Schedule: _____
Work Phone: _____ Extension: _____
Cell Phone: _____
Email Address (required): _____
Percentage of time spent off site during business hours: _____
Is the Emergency Evacuation Member presently certified in CPR/First Aid? Yes No

Runner (required)

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



Alternate Runner (required)

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

Stairwell 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

Stairwell 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

Alternate Stairwell 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

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



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 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

Alternate 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

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

