

SECTION 2 – AUDIT OF HUMAN RESOURCES

All pertinent information for each person listed such as building owner will be required so that someone may be contacted in case of an emergency. Due to absences it is recommended that a minimum of three (3) persons be listed.

BUILDING OWNER

Name:
Street address:
Municipality:
Postal code:

Home phone:
Business phone:
Cell phone:

BUILDING MANAGEMENT

Name:
Phone:

SECURITY PERSONNEL/CONTRACTOR

Name: Phone:

DESIGNATED FIRE SAFETY SUPERVISORY STAFF

(staff who conduct fire safety duties including drills, checks, evacuations, etc. who may or may not be classified as work related supervisors in the normal sense of employment relations)

Job Title	Responsibility:
Job Title	Responsibility:
Job Title	Evacuation Area:
Job Title	Evacuation Area:
Job Title	Evacuation Area:

Maximum number of employees/occupants at any time:

Additional contact information:

Name:
Home Phone: Cell Phone:

Name:
Home Phone: Cell Phone: