20 VIC Office

LIFE SAFETY FORM

BUILDING : _____

TENANT NAME : _____ **SUITE NO. :** _____
(Please Print)

LIFE SAFETY TEAM			
Assigned Floors	**Employee Name**	**Life Safety Team Position**	**Equipment Received**
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[Please refer to the Fire Safety Plan for Life Safety Team Position Requirements]

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