

1359 BROADWAY SPECIAL ASSISTANCE

Please provide the office with a current list of employees who may require assistance by the Fire Department and/or emergency response teams during a time of crisis or using the emergency stairs in the event of a loss in elevator service. This list should include those individuals who may be permanently challenged or confined to a wheelchair. It should also include those persons who, while otherwise mobile, may have trouble descending the stairs due to physical conditions such as heart disease or arthritis. Finally, do not forget to keep this list current with the Building Office for those times when people in your office may include people with temporary conditions such as broken bones, pregnancies, etc.

NAME OF PERSON(S) THAT MAY NEED SPECIAL ASSISTANCE IN THE EVENT OF AN EMERGENCY, DUE TO A HANDICAP OR MEDICAL CONDITION, PLUS (2) CO-WORKER NAMES TO ASSIST THEM IN CASE OF AN EMERGENCY:

COMPANY NAME: _____

COMPANY TELEPHONE NUMBER: _____

EMPLOYEE NAME: _____

FLOOR: _____ SUITE: _____ TEL #: _____

1. CO-WORKER ASSISTANCE NAME: _____

2. CO-WORKER ASSISTANCE NAME: _____

EMPLOYEE NAME: _____

FLOOR: _____ SUITE: _____ TEL #: _____

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