

FIRE WARDENS AND HANDICAPPED LIST

Date: ____/____/____

Company: _____ Floor: _____

*** Please fax to the Malkin Properties Management Office at (203) 353-4010.**

Each office is required to assign a Fire Warden; (we recommend one (1) Fire Warden for every 7,500-sq. f.). Please write the name of the person (s) chosen to be the Fire Warden:

Fire Wardens:

1. Chief Fire Warden: _____
2. Fire Warden: _____
3. Fire Warden: _____
4. Fire Warden: _____
5. Fire Warden: _____
6. Fire Warden: _____
7. Fire Warden: _____
8. Fire Warden: _____

Handicapped List:

Please include the names of any handicapped or elderly employees within your company. Remember that these individuals are not required to leave the building during a fire drill, (please see memo for further details).

1. _____
2. _____
3. _____
4. _____