

# Company Profile

*Please complete and return to the Fire Safety Director*

Date \_\_\_\_\_

Company name \_\_\_\_\_ Suite \_\_\_\_\_

Number of employees on-site \_\_\_\_\_

Type of business \_\_\_\_\_

## Emergency contacts

**Primary contact** \_\_\_\_\_ Title \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Secondary contact** \_\_\_\_\_ Title \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Number of handicapped employees on-site \_\_\_\_\_

Name \_\_\_\_\_ Wheelchair \_\_\_\_\_ Ambulatory \_\_\_\_\_

Name \_\_\_\_\_ Wheelchair \_\_\_\_\_ Ambulatory \_\_\_\_\_

Name \_\_\_\_\_ Wheelchair \_\_\_\_\_ Ambulatory \_\_\_\_\_

Name \_\_\_\_\_ Wheelchair \_\_\_\_\_ Ambulatory \_\_\_\_\_

Tenant floor captain \_\_\_\_\_ Phone \_\_\_\_\_

Tenant floor warden \_\_\_\_\_ Phone \_\_\_\_\_