

# Tenant Training Record

*All new regular building occupants shall be instructed on the emergency action procedure. This shall occur within 14 days of their assuming occupancy in the building.*

Date \_\_\_\_\_

Tenant name \_\_\_\_\_ Floor/suite \_\_\_\_\_

Fire Safety Director \_\_\_\_\_ Phone \_\_\_\_\_

Floor Captain \_\_\_\_\_ Phone \_\_\_\_\_

Floor Warden \_\_\_\_\_ Phone \_\_\_\_\_

Floor Warden \_\_\_\_\_ Phone \_\_\_\_\_

Floor Warden \_\_\_\_\_ Phone \_\_\_\_\_

Floor Warden \_\_\_\_\_ Phone \_\_\_\_\_

## Areas discussed

\_\_\_\_\_ Employee/public accident      \_\_\_\_\_ Tornado/high wind procedure

\_\_\_\_\_ Fire procedure      \_\_\_\_\_ Bomb threat

\_\_\_\_\_ Elevator emergency      \_\_\_\_\_ Building/floor evacuation

\_\_\_\_\_ Other - specify below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have received and reviewed with the Fire Safety Director or his/her designee a copy of the Emergency Action Plan for:**

\_\_\_\_\_

\_\_\_\_\_  
*Tenant (Signature & Date)*

\_\_\_\_\_  
*Fire Safety Director (Signature & Date)*

\_\_\_\_\_  
*Chief of Security (Signature & Date)*