



PACIFIC GUARDIAN CENTER

737 BISHOP STREET / MAUKA TOWER • 733 BISHOP STREET / MAKAI TOWER • 735 DILLINGHAM TRANSPORTATION BUILDING

FIRE WARDEN & DISABLED PERSONS INFORMATION

Tenant/Company Name: _____

Company Administrator: _____

Company Administrator Email: _____

Mauka Makai DTB Suite: _____

Please list the names of fire warden(s), fire warden assistant(s), and searcher(s) for your company and floor:

Total # of Employees	Total # of Employees/per Floor (For Multiple floors)	Fire Warden Name(s)	Fire Warden Assistant(s)	Searcher(s)

Please list the names and indicate the type of disability (or disabilities) as applicable. At least one, but preferably two “buddies” should also be assigned to each disabled person, in the event of an emergency.

Employee’s Name & Buddies	Vision	Hearing	Confined to Wheelchair	Uses Walker, Crutches, or Cane	Other physical disability (please specify)
Employee Name:					
Buddies:					
Employee Name:					
Buddies:					

Completed by:

Tenant Representative Name

Date

Tenant Representative Signature

Telephone Number

Tenant is responsible for keeping records current by notifying Building Management with any changes.