Blue Star Sports Medicine and Performance Facility

FIRE WARDEN CONTACTS

Please list below the names and cell phone numbers of the responsible individuals in your company who will represent your space as Fire Wardens in the event of an emergency.
Each suite must have at least two Fire Wardens.

FIRE WARDEN CONTACTS

Tenant Name: _____ Suite Number(s):_____

Main Office Phone Number: _____ Backline Phone Number: _____

"After Hours" Office Phone Number (when main line is forwarded): _____

Fire Warden Contact: _____ Phone: _____ Email:_____

Fire Warden Contact: _____ Phone: _____ Email:_____

Fire Warden Contact: _____ Phone: _____ Email:_____

Fire Warden Contact: _____ Phone: _____ Email:_____

Please provide the # of occupants in your suite: _____

Authorized Signature: _____ Title: _____