



PARMENTER.

Onsite Emergency Coordinator Information

Today's Date: _____

Tenant Information

Building: Rocky Point Centre

Company Name: _____

Suite #: _____ **Number of Employees in Suite:** _____

Emergency Coordinators:

Appointed Emergency Coordinator:		Alternate Emergency Coordinator:	
Name:	_____	Name:	_____
Title:	_____	Title:	_____
Work Email:	_____	Work Email:	_____
Work Telephone#:	_____	Work Telephone#:	_____

Please list any employees that have a disability that may hinder their safe exit via the building's stairwell, i.e. wheel chair, crutches, heart condition, etc.

Name:		
First	Last	Disability
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Email completed forms to jzuzak@parmco.com

Thank you,

Parmenter