

**FIRE SAFETY
INFORMATION**

180 Queen Street West.

Date
Submitted: _____

**STAFF ASSISTANCE
SHEET**

IF YOU HAVE ANY CONDITION WHICH YOU FEEL MAY DETER YOUR SAFE
EVACUATION FROM YOUR WORK LOCATION, PLEASE ADVISE YOUR FIRE WARDEN,
OR FIRE COMMANDER ABOUT IT.

PLEASE FILL OUT THE REQUIRED INFORMATION BELOW.
FOR FIRE & EMERGENCY PERSONNEL USAGE ONLY.

**FLOOR # AND COMPANY
NAME:** _____

YOUR FULL NAME: _____

LOCATION IN OFFICE: _____

REASON FOR ASSISTANCE: _____

DAYS/HOURS WORKED: _____

THIS INFORMATION IS CONFIDENTIAL & WILL ONLY BE USED IN AN EMERGENCY SITUATION.

PLEASE RETURN THIS INFORMATION TO GWL MANAGEMENT OFFICE VIA FAX 416-552-6351.