

**FIRE SAFETY
INFORMATION**

180 Queen Street West.

Date Submitted: _____

FIRE WARDEN LIST

PLEASE LIST ALL FIRE WARDENS FOR YOUR OFFICE.

COMPANY NAME: _____

LOCATION: _____

WARDEN: 1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

PLEASE RETURN TO GWL MANAGEMENT OFFICE VIA FAX: 416-552-6351