

POSTMEDIAPLACE

365 BLOOR EAST

Life Safety -Persons Requiring Assistance

Date: _____

Tenant: _____

Suite: _____

This information must be kept current at all times. Tenants must advise and forward updated information as it occurs. Data on physically challenged staff should be specific. For example, please indicate where applicable: visually impaired, no hearing, wheelchair, or any other physical challenges that may affect emergency evacuation.

CONFIDENTIAL INFORMATION

#	Name	Reason Requiring Assistance	Phone# & Ext.	Floor Location
1				
2				
3				
4				
5				
6				