



CENTRAL PACIFIC PLAZA SPECIAL NEEDS LIST

Tenant: _____

Suite: _____

Tenant Warden: _____

Telephone: _____

Date Submitted: _____

Please list any individual working in your office that might require assistance during evacuation of the building when the elevators are not operational (i.e. wheelchair, crutches, cardiopulmonary, or special assistance). This list will be maintained by security and maintenance and will be available to the fire department during any emergency.

| | <u>Name</u> | <u>Reason Assistance is Required</u> |
|----|-------------|--------------------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

IF YOU NEED MORE SPACES, PLEASE ADD ADDITIONAL COPIES OF THIS FORM.

In case of a bonafide emergency:

1. Request assistance from fellow workers.
2. If alone, immediately dial 911. Give your name, location and type of emergency.
3. Call 521-9802 (Security) and inform the person answering of the type of emergency and give your name and location.
4. After evacuation, please notify the on-sight building representative that you are clear of the building.