



CENTRAL PACIFIC PLAZA TENANT PERSONNEL ACCOUNTABILITY FORM

This Form required by Honolulu Fire Department Ordinance

Floor: _____

Company Name: _____

Suite #: _____

Form Completed By: _____

Today's Date: _____

Is there anyone left in your suite (include any Special Needs persons)?

Place an "X" in the appropriate box.

YES

NO

NAMES	REMARKS

Is there anyone missing from your suite?

Place an "X" in the appropriate box.

YES

NO

NAMES	REMARKS

Please turn in this form to your FLOOR WARDEN who will be wearing an orange vest and carrying a sign with your floor # on it at the Safe Area. Thank you.

*** Please note here the number of people from your office who is at the Safe Area: _____**