



"SUITE WARDEN" & Fire Life Safety Information Sheet
Watt Plaza

Building: _____ Suite #: _____ Date: _____

Tenant Name: _____

of Occupants
In Suite: _____

SUITE WARDEN(S)

(Recommendation is 1 warden for every 25 employees)

Suite Warden Names:

Suite Warden Alternate Names:

Please list Physically Impaired / Disabled employees in your office below:

Name:

Area / Floor / Department:

Please make sure you have a Suite Warden Vest. If you need a replacement, please call the Building Management Office.