



Trinity Centre Emergency Information

Each tenant should have at least one site manager responsible for responding to emergencies.

Tenant Name:			
Address:			
Suite:			
City:			
Number of Occupants:			
Office Phone:			
After Hours Point of Contact		Security After Hours Point of Contact	
Phone:	000-000-000	Phone:	000-000-000
M-F:	[Hours]	M-F:	[Hours]
Sat:	[Hours]	Sat:	[Hours]
Sun:	[Hours]	Sun:	[Hours]
Title	Name	Cell Number	Email
[TITLE]	[NAME]	000-000-000	Sample@Sample.com
[TITLE]	[NAME]	000-000-000	Sample@Sample.com
[TITLE]	[NAME]	000-000-000	Sample@Sample.com
[TITLE]	[NAME]	000-000-000	Sample@Sample.com
[TITLE]	[NAME]	000-000-000	Sample@Sample.com

Disabled Personnel	
Name:	
Type of Disability: (Permanent or Temp)	
Device (If applicable):	
Building Address:	
Suite:	