

ENBRIDGE CENTRE

Emergency Response Team Information

10175 101 Street NW, Edmonton AB T5J0H3 | 780-426-6088

Date: _____ Tenant Name: _____ Floor Number: _____

**Each tenant and their level of occupancy requires a separate form.*

EMERGENCY RESPONSE TEAM MEMBERS

1. FLOOR WARDEN

Name: _____ Mobile Number: _____

Email: _____

2. SEARCHER

Name: _____ Mobile Number: _____

Email: _____

3. ASSISTANT WARDEN

Name: _____ Mobile Number: _____

Email: _____

**Phone number must be a cell phone number that they can be reached at during an evacuation.*

PERSONS REQUIRING ASSISTANCE & MOBILITY AID

| No. | MOBILITY RESTRICTED INDIVIDUAL | MOBILITY RESTRICTED ASSISTANTS |
|-----|--------------------------------|--------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Note: Each mobility-restricted individual should be assigned a "Mobility Restricted Assistant."

