



METROPOLITAN SQUARE

211 North Broadway
St. Louis, Missouri 63102

(314) 436-1212 (phone)
(314) 436-7391 (fax)

EMERGENCY ORGANIZATIONAL TEAM

COMPANY NAME: _____

TENANT SAFETY COORDINATOR: _____

EMERGENCY CELL#: _____ FLOOR: _____ DATE: _____

OFF SITE EMERGENCY MEETING LOCATION: _____

Please provide the name of your company's floor warden. This is the person who makes sure everyone is out of your suite in case of an evacuation.

FLOOR WARDEN NAME: _____

TELEPHONE NUMBER: _____

If you occupy a Full Floor, please fill out the lines below.

DEPUTY FLOOR WARDEN NAME: _____

TELEPHONE NUMBER: _____

MALE SEARCHER NAME: _____

TELEPHONE NUMBER: _____

FEMALE SEARCHER NAME: _____

TELEPHONE NUMBER: _____

NOTE: If you occupy more than one floor, please complete this form for each floor.