

FIRE DRILL / ALARM CRITIQUE

Suite/Floor Number: _____

Tenant/Company Name: _____

Safety Warden's Name: _____

Could the fire alarm be heard clearly throughout your area?

_____ Yes _____ No

Could the public address system be heard clearly throughout your area?

_____ Yes _____ No

It is requested that you supply the foregoing information so that we may better ascertain both the effectiveness and the performance level of our fire alarm system. Please forward this form after completion to the General Manager's office in Suite 2690 of ONE CANAL PLACE. Please type or print your name and sign in the appropriate space below. Thank you for your participation.

NAME (print)

Telephone Number

SIGNATURE

Date of Test