

This report organizes key information about your building.

Building Information							
Building name	F						
Address				Evacuation zone			
Building Protection Team Leader							
Name							
Phone				Email			
Permission to use payment card ☐ Yes ☐ No			Payment card limit		\$		
Facility Superintendent or Property Manager							
Name							
Phone				Email			
Residential / Commercial Use							
Number of floors	per of floors Resident		l units Vaca		ant units		
Number of residents				Commercial units			
Primary contact for commercial space (Agency)							
Building Critical Systems							
Number of Elevators				On-site generators available ☐ Yes ☐ No			
Boiler hookup available  Yes  No				Generator hookup available ☐ Yes ☐ No			
Sufficient fuel stored for 3 days ☐ Yes ☐ No				Sump pumps on site  Yes  No			
Post Event							
Emergency Kit available and in place Yes No							
Damage assessment							
Notes							
110.00							