

WATERFRONT PLAZA

PERSONNEL ACCOUNTABILITY FIRE DRILL FORM

This Form is required by Honolulu Fire Department Ordinance

Bldg #: _____ Suite # _____ Today's Date: _____

Company Name: _____

Your Name: _____

Is there anyone left in your suite (include any physically challenged individuals)

Place an "X" in the appropriate box.

YES

NO

NAMES	REMARKS

Is there anyone missing from your suite?

Place an "X" in the appropriate box.

YES

NO

NAMES	REMARKS

Give completed form to the management staff who will be wearing lime green vests at the Safe Zone. Thank you.