

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 |
|-------|---------|
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| | |
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| | |

Is there anyone missing from your suite?

Place an "X" in the appropriate box.

YES

NO

| NAMES | REMARKS |
|-------|---------|
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| | |

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