

**MACCABEES CENTER
SAFETY WARDEN LIST**

Please select a Safety Warden and Deputy Wardens to represent your company in the event of an emergency:

Company Name: _____

Suite Number: _____ Number of employees: _____ Meeting Place for your suite: _____

Safety Warden:

Name: _____

Office Phone Number: _____ Email: _____

Deputy Wardens / Alternatives:

Name: _____

Title: _____

Office Phone: _____ Email: _____

Name: _____

Title: _____

Office Phone: _____ Email: _____

Name: _____

Title: _____

Office Phone: _____ Email: _____

Name: _____

Title: _____

Office Phone: _____ Email: _____

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Title: _____

Office Phone: _____ Email: _____