



FORM FOR PHYSICALLY IMPAIRED

TITLE 19, SECTION 3.09 (d)5(b)

Attention: California Code of Regulation Title 19, Section 3.09 (d)5(b)

Assure that the requirements of (d)(4)(F), "procedures to identify and assist the non-ambulatory and physically disabled" are accomplished as follows:

Owner(s) or operator(s) of high-rise office buildings shall maintain a list of all permanent building tenants who have disabilities. **Building owner(s) or operator(s) shall be notified in writing by those who have disabilities.** Information provided in the list shall include any special emergency evacuation needs and permanent work location of such physically disabled persons. The list shall be located in the Fire Control Room.

If you have any physical condition, temporary or permanent, that may hinder you in the event that your area must be evacuated, please provide the following information to your Floor Warden or Suite Monitor and to the Fire Safety Director. They will assign people who will assist you in the event of an evacuation.

NAME: _____ UNIT: _____

TELEPHONE NUMBER: _____

SPECIAL EVACUATION NEEDS _____

INCLUSIVE DATES (IF APPLICABLE) _____

**FILL OUT THIS FORM AND PROVIDE IT TO YOUR
FLOOR WARDEN, SUITE MONITOR, OR BUILDING MANAGEMENT.
RETAIN A COPY FOR YOUR RECORDS.**