



EMERGENCY

# LIDO SURF AND SAND

## FIRE EVACUATION PLAN

**ALERT....AQUAINT...LOCATE....ACTIVATE...GO!!!!!!!!!!!!**

If a fire occurs in a condominium, the result can be a devastating experience for the residents. That's why it's so important to implement an effective fire prevention strategy for all staff and residents.

### For Renters and Guests

We ask all owners who have renters or guests occupying their units to make them aware of our emergency plan if a fire should occur. Please keep the office informed of anyone (yourself included) occupying your unit. In case of an emergency you need to be accounted for.

### For Occupants of Limited Mobility

For all residents that have limited mobility, and are unable to exit the building without help **ALERT** the office that you will need assistance in case of an emergency.

OFFICE: 941-388-1100

After Hours: 740-424-1353

**REMEMBER.....** If you are not capable of exiting by stairs stay in your unit with your door closed. Await help from the Fire Department.

**ACQUAINT** yourself with all stairwell doors marked **EXIT**, particularly on your own floor, and **LOCATE** the **FIRE ALARM CLOSEST TO YOUR UNIT**

- Note how to activate the fire alarm

**ACTIVATE** the fire alarm and then dial 911 and say:

*"This is an emergency; I want to report a fire at Lido Surf and Sand, 11\_\_ Ben Franklin Dr, in apartment \_\_\_\_, on the \_\_\_\_ floor." (Or other specific location)*

**GO** to your nearest **EXIT** stairwell and carefully walk to ground floor and leave the building.

**DO NOT USE ELEVATOR!!!**

- Once outside go to the far end of the parking lot, away from the street, and await the fire department.



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# LIDO SURF AND SAND



## LIMITED MOBILITY RESIDENTS ONLY

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please fill out this and return to our office. The information provided will be placed on file with the office & the Fire Department. Once returned we will issue you a limited mobility red decal Place your decal on your front door (this will notify the Fire Department that you are of limited mobility). The decal is to be placed about 1-2 feet from the floor.