Combined Fire Safety/Emergency Action Plan (Appendix A-2)

Attachment 2

DEPUTY FIRE SAFETY/EAP DIRECTOR

BUILDING ADDRESS: _____

_____

DEPUTY FIRE SAFETY/EAP DIRECTOR:

NAME: _____

FDNY Certificate of Fitness No.: _____ Expiration Date: _____

FDNY Certificate of Fitness No.: _____ Expiration Date: _____

Regular Work Location: _____

Regular Work Days and Hours:

_____

Telephone Number: _____

Cellular Telephone Number: _____

E-mail Address: _____

Other Contact Information: _____

_____

Date: _____