

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.: F25 or F58 _____

F59 _____

Regular Work Location: _____

Regular Work Hours: _____

Telephone: _____

Cellular Telephone: _____

Fax: _____

E-Mail Address: _____

Other Contact Information: _____

Signature of Owner or Authorized Representative

Date

Complete a separate attachment for each Deputy Fire Safety/EAP Director.