

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

Attachment 3

FIRE SAFETY AND EAP BUILDING EVACUATION SUPERVISOR

BUILDING ADDRESS: _____

Building Evacuation Supervisor:

Name: _____

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 Building Evacuation Supervisor. If the Fire Safety Building Evacuation Supervisor and the Emergency Action Plan Building Evacuation Supervisors are different individuals, complete a separate attachment for each, and indicate the plan for which such individual is designated. This attachment need not be completed if Attachment 1 and 2 designate a fire safety director or deputy fire safety director for all times when the building is occupied.