This form can be filled out online. Once completed, Print the document. These instructions will not appear on the print out.

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

Reset/Clear Form

Table 1

FIRE SAFETY AND EAP WARDENS

Floor	Assignment Location *(e.g., Warden Phone, Stairwell A)*	Name *(indicate if such individual is designated for FSP, EAP, or both FSP and EAP purposes)*	Regular Days and Hours of work *(e.g., M-F 9-5)*	Work Location Telephone No.	Other Contact Information *(e.g., cell phone number, e-mail address, walkie-talkies)*

There shall be at least one Fire Safety Warden and at least one EAP Warden for each floor during its regular business hours. If the Fire Safety and EAP Wardens are different individuals, provide the names of all such individuals in the table and indicate the plan for which such individual is designated. Complete for each floor.

_____ _____ _____

Building Address | Signature of Owner or Authorized Representative | Date