

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

Table 4

BUILDING PERSONNEL CRITICAL OPERATIONS STAFF FOR EAP

<u>Name</u>	<u>Title (e.g. porter, security guard)</u>	<u>Employer</u>	<u>EAP Critical Operation</u>	<u>Regular Days and Hours of work (e.g. M-F 9-5)</u>	<u>Regular Work Location</u>	<u>Work Location Telephone No.</u>	<u>Other Contact Information (e.g. cell phone number, e-mail address, walkie-talkies)</u>

EAP Critical Operation assignments should match with those listed in Appendix A-2, Table 7.

_____ Building Address

_____ Signature of Owner or Authorized Representative

_____ Date