

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

### Table 8

#### IN-BUILDING RELOCATION AREAS FOR EAP

<u>Location (e.g. 2<sup>nd</sup> Floor conference room)</u>	<u>Protection (check appropriate boxes)</u>	<u>Max occupant capacity (estimated)</u>	<u>Essentials (check appropriate boxes)</u>	
	Windowless Y <input type="checkbox"/> N <input type="checkbox"/> Doors Y <input type="checkbox"/> N <input type="checkbox"/> Other		Water Y <input type="checkbox"/> N <input type="checkbox"/> Lavatories Y <input type="checkbox"/> N <input type="checkbox"/>	Equipment Y <input type="checkbox"/> N <input type="checkbox"/> Supplies Y <input type="checkbox"/> N <input type="checkbox"/>
	Windowless Y <input type="checkbox"/> N <input type="checkbox"/> Doors Y <input type="checkbox"/> N <input type="checkbox"/> Other		Water Y <input type="checkbox"/> N <input type="checkbox"/> Lavatories Y <input type="checkbox"/> N <input type="checkbox"/>	Equipment Y <input type="checkbox"/> N <input type="checkbox"/> Supplies Y <input type="checkbox"/> N <input type="checkbox"/>
	Windowless Y <input type="checkbox"/> N <input type="checkbox"/> Doors Y <input type="checkbox"/> N <input type="checkbox"/> Other		Water Y <input type="checkbox"/> N <input type="checkbox"/> Lavatories Y <input type="checkbox"/> N <input type="checkbox"/>	Equipment Y <input type="checkbox"/> N <input type="checkbox"/> Supplies Y <input type="checkbox"/> N <input type="checkbox"/>
	Windowless Y <input type="checkbox"/> N <input type="checkbox"/> Doors Y <input type="checkbox"/> N <input type="checkbox"/> Other		Water Y <input type="checkbox"/> N <input type="checkbox"/> Lavatories Y <input type="checkbox"/> N <input type="checkbox"/>	Equipment Y <input type="checkbox"/> N <input type="checkbox"/> Supplies Y <input type="checkbox"/> N <input type="checkbox"/>
	Windowless Y <input type="checkbox"/> N <input type="checkbox"/> Doors Y <input type="checkbox"/> N <input type="checkbox"/> Other		Water Y <input type="checkbox"/> N <input type="checkbox"/> Lavatories Y <input type="checkbox"/> N <input type="checkbox"/>	Equipment Y <input type="checkbox"/> N <input type="checkbox"/> Supplies Y <input type="checkbox"/> N <input type="checkbox"/>

*Complete this table only for EAP in-building relocation areas (IBRA). Provide a floor by floor listing of the required pre-designated IBRA. List all floors, including those that are below grade. Those floors having no occupants, such as MER floors, and floors that are not part of the EAP, such as residentially occupied floors, shall be noted in the table for that floor number. Information provided in this table will be cross-referenced with building occupant information provided in Appendix A-2, Table 6. Every floor having building occupants listed on Appendix A-2, Table 6 must have a pre-designated IBRA indicated in this table that has a sufficient occupant capacity to accommodate the number of building occupants assigned to such IBRA. If building occupants are to be assigned to an IBRA on a floor other than their normal work floor, the route to that IBRA must be designated in the location portion of the table (e.g. 3<sup>rd</sup> floor occupants will use the IBRA on the 2<sup>nd</sup> floor, accessed via stairwell B). Stairwells, including enclosed, open and access stairwells, are not acceptable as an IBRA.*

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Building Address

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Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date