Fire Safety and Evacuation Plan (Appendix A-4)
Occupancies with two-way voice capabilities
not required to file an EAP

Attachment 1

FIRE SAFETY DIRECTOR

BUILDING ADDRESS: _____

_____

FIRE SAFETY DIRECTOR:

NAME: _____

FDNY Certificate of Fitness No.: _____ Expiration Date: _____

Regular Work Location: _____

Regular Work Days and Hours:

_____

Telephone Number: _____

Cellular Telephone Number: _____

E-mail Address: _____

Other Contact Information: _____

Date: _____