

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

Attachment 2

DEPUTY FIRE SAFETY DIRECTOR

BUILDING ADDRESS:

DEPUTY 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:
