

Fire Safety and Evacuation Plan (Appendix A-1)
Hotel/Motel Occupancies

Attachment 2

DEPUTY FIRE SAFETY DIRECTOR

BUILDING ADDRESS: _____

Deputy Fire Safety:

Name: _____

FDNY Certificate of Fitness No.: _____

Regular Work Location: _____

Regular Work Days and Hours: _____

Telephone: _____

Cellular Telephone: _____

Fax: _____

E-Mail Address: _____

Other Contact Information: _____

Signature of Owner or Authorized Representative

Date

Complete a separate attachment for each Deputy Fire Safety/EAP Director.