

Appendix A
Attachment 1
Table 3

Emergency Action Plan 3 RCNY §6-02

FIRE SAFETY/EAP BRIGADE MEMBER DESIGNATION FORM

EAP Assignment	Name	Title	Regular Workdays & Hours	Telephone	Other Contact Information

Building Address: _____

 Signature of Owner or Authorized Representative Date
(Complete for Fire Safety/EAP Brigade member/assignment)