

**APPENDIX A  
ATTACHMENT 1**

**EAP STAFF DESIGNATION FORM**

**BUILDING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EAP Director:**

Name: \_\_\_\_\_

FDNY Certificate of Fitness No.: \_\_\_\_\_

Regular Work Location: \_\_\_\_\_

Regular Work Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

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**EAP STAFF DESIGNATION FORM**

**BUILDING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**Deputy EAP Director:**

Name: \_\_\_\_\_

FDNY Certificate of Fitness No.: \_\_\_\_\_

Regular Work Location: \_\_\_\_\_

Regular Work Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

*(Complete separate sheet for each Deputy EAP Director)*

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**EAP STAFF DESIGNATION FORM**

**BUILDING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EAP Building Evacuation Supervisor:**

Name: \_\_\_\_\_

FDNY Certificate of Fitness No.: \_\_\_\_\_

Regular Work Location: \_\_\_\_\_

Regular Work Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

*(Complete separate sheet for each EAP Building Evacuation Supervisor)*

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**EAP STAFF DESIGNATION FORM**

**BUILDING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EAP Wardens:**

Floor: \_\_\_\_\_  
Assignment Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

Floor: \_\_\_\_\_  
Assignment Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

Floor: \_\_\_\_\_  
Assignment Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

Floor: \_\_\_\_\_  
Assignment Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

Floor: \_\_\_\_\_  
Assignment Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Representative  
\_\_\_\_\_  
Date

*(Complete for each floor or other EAP Warden assignment)*

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**EAP STAFF DESIGNATION FORM**

**BUILDING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**Deputy EAP Wardens:**

Floor: \_\_\_\_\_  
Assignment Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

Floor: \_\_\_\_\_  
Assignment Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

Floor: \_\_\_\_\_  
Assignment Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

Floor: \_\_\_\_\_  
Assignment Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

Floor: \_\_\_\_\_  
Assignment Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

*(Complete for each floor or other Deputy EAP Warden assignment)*

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**EAP STAFF DESIGNATION FORM**

**BUILDING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EAP Brigade Member:**

EAP Assignment: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

EAP Assignment: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

EAP Assignment: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

EAP Assignment: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Representative  
\_\_\_\_\_  
Date

*(Complete for EAP Brigade member/assignment)*