

**APPENDIX A  
ATTACHMENT 2**

**CRITICAL OPERATIONS STAFF DESIGNATION FORM**

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

**Building Personnel**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Critical Operation: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Critical Operation: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Critical Operation: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Critical Operation: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

**APPENDIX A  
ATTACHMENT 2**

**Office Employees**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Critical Operation: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Critical Operation: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Critical Operation: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Critical Operation: \_\_\_\_\_  
Regular Work Hours: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

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

*(Complete for each Critical Operations Staff member)*