

**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)