Oneida County Emergency Management Fire Prevention and Life Safety Equipment Form

1.	Life Safety	y House
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Instructions:

- 1. Complete the form including signature/typed name and date.
- 2. Email data using the submit button, or print as a pdf and email to dhanley@ocgov.net or print and fax to 315-765-2529 or mail to Office of the Fire Coordinator, 120 Base Road, Oriskany, NY 13424

•	ny, NY 13424	3-2323 of mail to office	or the rife coordina	itor, 120 base noau,
	•	rmation letter when the	resource is schedule	ed.
	Department Nam	e Contact Person:		
		Name:		
	Phone Number:		_Alternate Number: _	
	Fax Number:		_	
Event	Information			
•	Date m/d/yy:	Start Time :		End Time:
•	Event Start Notes	:		
•	Event End Notes:			
•	Location of event:			
	Address:			
•	Delivery Location			
	Address:			
•	For the Life Safety	House, describe exactl	y where to place the	trailer:
addition contents and the Signatu	hat while in the above , I agree to notify the co s. We will follow all app Office of the Fire Coord ure (by typing in yo	ounty Fire Coordinator's Offic	ce of any damages to the ife Safety House and hold a result of misconduct or ne above statement)	
	ice use only			
Approva	l:	Date Conf:	Sent Assigned	to:
Date/Tir	ne of Delivery:	Date/Time of Pick-up:		
		tem in need of attention Picl stabilizers, generator, fuel, hi		em in need of attention tairs, vents, lights, ladder, keys,

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Inside - Carpets, furniture, fixtures, vents, lights, props, smoke machine, remote/control panel, tools, spare fluid electrical panel, blinds, A/V equip and videos, garbage empty	,