



# OXFORD FIRE DEPARTMENT

96 North Washington St., Oxford, MI 48371

Tel: (248) 969 9483 Fax: (248) 969 9489

Email: inspections@oxfordfiredept.com

## Building Information / EMERGENCY CONTACT INFORMATION

Date: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Business Owner: \_\_\_\_\_ Owner email: \_\_\_\_\_

Building owner / Management Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Contact person / Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Who should receive Email Report of fire inspection: \_\_\_\_\_

Business Hours: \_\_\_\_\_

# of Employees per day Average: \_\_\_\_\_

# of Shifts pes day: \_\_\_\_\_

Fire Alarm Monitoring Company: \_\_\_\_\_

AED on site: YES / NO

Number of Buildings on site: \_\_\_\_\_

Square Foot of building; \_\_\_\_\_

### Emergency Contacts / Keyholder

<u>Name/Title</u>	<u>Home / cell Phone</u>	<u>Travel Time (from home)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____