

Fort Bragg Fire and Emergency Services Division

Building Information Sheet

For use of this form, see FB 420-1, the proponent agency for this form is DES.

UFSM: _____

Building Number: _____

Unit/Organization: _____

Access Street: _____

Duty Phone Number: _____

Command POC: _____

Command Phone: _____

Hours of Operation:	0000 - 0000	Do people sleep in building:			
		YES	or	NO	
Monday		<input type="checkbox"/>		<input type="checkbox"/>	
Tuesday		<input type="checkbox"/>		<input type="checkbox"/>	
Wednesday		<input type="checkbox"/>		<input type="checkbox"/>	
Thursday		<input type="checkbox"/>		<input type="checkbox"/>	
Friday		<input type="checkbox"/>		<input type="checkbox"/>	
Saturday		<input type="checkbox"/>		<input type="checkbox"/>	
Sunday		<input type="checkbox"/>		<input type="checkbox"/>	

REMARKS: