

# BUILDING EMERGENCY PLAN CERTIFICATION OF TRAINING

Name of person trained: Thomas E. Miller Date: 11/8/13  
(please print - first name first)

Classification:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Undergraduate Student   | <input checked="" type="checkbox"/> Full time Staff | <input type="checkbox"/> Visiting Faculty    |
| <input type="checkbox"/> Graduate Student        | <input type="checkbox"/> Part Time Staff            | <input type="checkbox"/> Visiting Researcher |
| <input type="checkbox"/> Postdoctoral Researcher | <input type="checkbox"/> Faculty                    | <input type="checkbox"/> Other _____         |

Supervisor: Dr. Marc Caffee  
(printed name - this can be your immediate supervisor)

**You must be trained in the Building Emergency Plan for every building you work in.**

I work in the following buildings

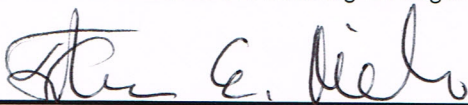
- Physics
- Brown (chemistry)
- Wetherill (chemistry)
- Hampton Hall (EAS)
- Other \_\_\_\_\_
- Other \_\_\_\_\_

I have read the BEP for the following buildings

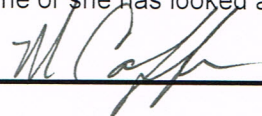
- Physics
- Chemistry
- EAS
- Other \_\_\_\_\_
- Other \_\_\_\_\_

CERTIFICATION:

I certify that I have read and understand the Building Emergency Plan(s) indicated above.

Signed TRAINEE: 

The supervisor affirms that he or she has looked at this form and believes the information to be accurate.

Signed SUPERVISOR: 

Put signed copy of this form in Ken Mueller's mailbox in PRIME Lab.