

# BUILDING EMERGENCY PLAN CERTIFICATION OF TRAINING

Name of person trained: Ken Mueller Date: 11/12/2013  
(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: 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

<input checked="" type="checkbox"/> Physics
<input type="checkbox"/> Brown (chemistry)
<input type="checkbox"/> Wetherill (chemistry)
<input type="checkbox"/> Hampton Hall (EAPS)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____

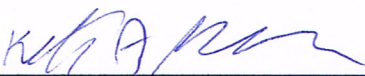
### I have read the BEP for the following buildings

<input checked="" type="checkbox"/> Physics
<input type="checkbox"/> Chemistry
<input type="checkbox"/> EAPS
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____

## CERTIFICATION:

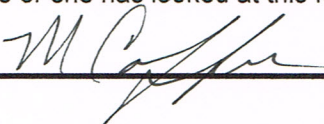
I certify that I have read and understand the Building Emergency Plan(s) indicated above.

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.