BUILDING EMERGENCY PLAN CERTIFICATION OF TRAINING

Name of person trained: MATHADIE (please print - first name first)	Date: 11/6/13
Classification: Undergraduate Student Graduate Student Part Time State Part Time State Faculty	
Supervisor: (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.	