## BUILDING EMERGENCY PLAN CERTIFICATION OF TRAINING

Name of person trained:	Thomas Woodruff		Date:	11/6/2013
(please print - fir	st name first)			
Classification: Undergraduate Student Graduate Student Postdoctoral Researcher	Full time Staff Part Time Staff Faculty	Visiting Faculty Visiting Research Other	er	
Supervisor:	Marc Caffee		_	
(printed name - this can be	your immediate supervisor)			
You must be trained in the Building I  I work in the following buildings  ✓ Physics  ☐ Brown (chemistry)  ✓ Wetherill (chemistry)  ☐ Hampton Hall (EAS)  ☐ Other  ☐ Other	Emergency Plan for ev	I have read the BEP f  ✓ Physics ✓ Chemistry  EAS		
CERTIFICATION: I certify that I have read and under Signed TRAINEE:  The supervisor affirms that he or she had a supervisor affirm that he or she had a supervisor affirms that he or she had a supervisor affirm that he are supervisor affirms that he or she had a supervisor affirm that he are supervisor affirms that he are s	E. M			
Put signed copy of this form in Ken Mu	reller's mailbox in PRIMI			

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