

BUILDING EMERGENCY PLAN CERTIFICATION OF TRAINING

Name of person trained: Clarke DeLisle Date: 6/6/2022
(please print - first name first)

Classification:

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

Supervisor: Brian Yanites
(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 checked="" type="checkbox"/> Brown (chemistry) | |
| <input checked="" 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 checked="" 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: Clarke DeLisle

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