BUILDING EMERGENCY PLAN CERTIFICATION OF TRAINING

Name of person trained: (please print - fi	of La mey rst name first)	Date: 9/18/19	
Classification: Undergraduate Student Graduate Student Postdoctoral Researcher Supervisor:	☐ Full time Staff ☑ Part Time Staff ☐ Faculty	☐ Visiting Faculty☐ Visiting Researcher☐ Other	
(3-)	e your immediate supervisor)		
You must be trained in the Building I work in the following buildings Physics Brown (chemistry) Wetherill (chemistry) Hampton Hall (EAPS) Other Other	Emergency Plan for ev	rery building you work in. I have read the BEP for the following buildings Physics Chemistry □ EAPS □ Other □ Other	
CERTIFICATION: I certify that I have read and under Signed TRAINEE:	erstand the Building Eme	ergency Plan(s) indicated above.	

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