BUILDING EMERGENCY PLAN CERTIFICATION OF TRAINING

Name of person trained: (please print - first name first)	Date: $U(26(206))$
Classification: Undergraduate Student Graduate Student Part Time Staff Postdoctoral Researcher Faculty Supervisor: (printed name - this can be your immediate supervisor)	Visiting Faculty Visiting Researcher Other
You must be trained in the Building Emergency Plan for eve	ery building you work in.
I work in the following buildings Physics Brown (chemistry) Wetherill (chemistry) Hampton Hall (EAPS) Other Other	I have read the BEP for the following buildings Physics Chemistry EAPS Other Other
CERTIFICATION: I certify that I have read and understand the Building Emerg	gency Plan(s) indicated above.
Signed TRAINEE: Pul 7	
The supervisor affirms that he or she has looked at this form and Signed SUPERVISOR:	I believes the information to be accurate.
Put signed copy of this form in Ken Mueller's mailbox in PRIME L	_ab.