BUILDING EMERGENCY PLAN CERTIFICATION OF TRAINING

Name of person trained:	Date: 11/7/13
Classification: Undergraduate Student Graduate Student 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 everal livers in the following buildings Physics Brown (chemistry) Wetherill (chemistry) Hampton Hall (EAS) Other	I have read the BEP for the following buildings Physics Chemistry EAS Other Other
Other CERTIFICATION: I certify that I have read and understand the Building Eme	ergency Plan(s) indicated above.
Signed TRAINEE: The supervisor affirms that he or she has looked at this form a	and believes the information to be accurate.
Signed SUPERVISOR: Put signed copy of this form in Ken Mueller's mailbox in PRIM	