

BUILDING EMERGENCY PLAN CERTIFICATION OF TRAINING

Name of person trained: _____

Tom Kuble
(please print - first name first)

Date: _____

7/11/14

Classification:

☐ Undergraduate Student

☒ Full time Staff

☐ Visiting Faculty

☐ Graduate Student

☐ Part Time Staff

☐ Visiting Researcher

☐ Postdoctoral Researcher

☐ Faculty

☐ Other _____

Supervisor: _____

Marc Caffee

(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

☒ 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 Emergency Plan(s) indicated above.

Signed TRAINEE: _____

[Signature]

The supervisor affirms that he or she has looked at this form and believes the information to be accurate.

Signed SUPERVISOR: _____

[Signature]

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