

BUILDING EMERGENCY PLAN CERTIFICATION OF TRAINING

Name of person trained: _____

Brody Conner
(please print - first name first)

Date: _____

4/18/17

Classification:

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

Supervisor: _____

Tom Miller

(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: _____

Brody Conner

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