

Competent Person Certification Record

Instructions: The supervisor or designee must retain this completed form with the employee's training records as confirmation that the employee has obtained the appropriate training and/or experience to be considered a competent person. The employee's supervisor should check the appropriate boxes for which the employee is authorized to function as a competent person. Then specifically describe the training and/or experience that the employee has obtained to be considered competent. List any limitations that the employee may have in the area of competency.

Definition: OSHA defines a competent person as an individual who, by way of training and/or experience, is:

- designated by the employer;
- capable of identifying workplace hazards relating to a specific operation;
- knowledgeable of applicable standards or regulations; and
- has the authority to take appropriate actions to eliminate any hazard.

Areas of Competency					
Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Blasting and the use of Explosives	<input type="checkbox"/>	<input type="checkbox"/>	Underground Construction
<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	Trenching
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	Slings / Rigging
<input type="checkbox"/>	<input type="checkbox"/>	Cranes / Derricks / Hoists	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
1. Describe the employee's training and/or experience that would qualify him/her to function as a competent person. List any limitations:					
2. Describe the employee's training and/or experience that would qualify him/her to function as a competent person. List any limitations:					
3. Describe the employee's training and/or experience that would qualify him/her to function as a competent person. List any limitations:					
By signing this form, both the supervisor and employee are acknowledging that the training and/or experience obtained by the employee meets the requirements of the corresponding regulatory requisites for a competent person. Additionally, the employee is granted the authority to stop work and take appropriate actions to eliminate the hazards found at the work site.					
Employee's Name (<i>print</i>)			Employee's Signature		
Supervisor's Name (<i>print</i>)			Supervisor's Signature		
Date:			Date:		

FAX a copy of completed form (and supporting documentation) to Safety & Environmental Management at 581-4085