

<b>Company</b>	
<b>Company Representative</b>	
<b>Competent Person</b>	

Areas of Competency		
Confined Space Entry <input type="checkbox"/>	Forklift <input type="checkbox"/>	Truck Driving <input type="checkbox"/>
Fall Protection <input type="checkbox"/>	Excavation <input type="checkbox"/>	Crane Hoist <input type="checkbox"/>
Other <input type="checkbox"/> :		

Please document your competency in the areas you selected above.

Demonstration of Competency				
Area of Competency				
On the Job Experience (circle one)				
0-2 years	3-5 years	5-10 years	10-20 Years	20+ Years
Certifications (attach copy)				
Courses (name, location date)				
Trainings (name, location date)				
Licenses (attach copy)				
Other				
Demonstration of Competency				
Area of Competency				
On the Job Experience (circle one)				
0-2 years	3-5 years	5-10 years	10-20 Years	20+ Years
Certifications (attach copy)				
Courses (name, location date)				
Trainings (name, location date)				
Licenses (attach copy)				
Other				

Designation Authority
This form is to be completed by a department supervisor to designate an employee a "Competent Person" for a specific area of competency. If an employee demonstrates competency in more than one area, provide documentation for each area. This form must be filed in the employee's records, and a copy must be kept at the company office.

Definition
A designated Competent Person is an employee who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous or dangerous to employees. The Competent Person has the authority to take prompt corrective measures to eliminate hazards, and is qualified to provide specialized training and/or testing. Competency is demonstrated by a combination of work experience, certifications, and/or training.

Responsibility
The designated Competent Person is responsible for recognizing and correcting safety hazards, and has the authority to stop work in the event of any potential safety concern on the job site. With prior approval, the Competent Person is authorized to conduct trainings on behalf of the company.

I acknowledge that I have been thoroughly trained and have the experience to perform the duties as a competent person in the areas indicated. I understand that I have the responsibility and authority to perform said duties.

\_\_\_\_\_  
Competent Person Signature

\_\_\_\_\_  
Date

I, representing, the company, have assigned the above employee to be a Competent Person in the area indicated. I acknowledge that this individual has been thoroughly been trained and is experienced in hazard recognition, has the authority to stop work and correct hazards in the event of a potential hazardous or imminent danger situation, and may, with prior approval, conduct trainings on behalf of the company.

\_\_\_\_\_  
Competent Person Signature

\_\_\_\_\_  
Date