

COMPETENT PERSON FORM

Job Name: _____ Job Number: _____

Location: _____

Subcontractor: _____ Work Performed: _____

I _____, Have been authorized by my employer as a Competent Person for this project, per OSHA definitions, and have completed the required safety training specific to our scope of work.

_____ Signature	_____ Date	_____ Witness (Signature Only)	_____ Date
		<i>Witness must be an employer management representative.</i>	

_____ Print Name and Title	_____ Print Name and Title of manager
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OSHA defines competent person in 29 CFR 1926.32({) as "one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them."



***PLEASE ATTACH VALID CERTIFICATION DOCUMENTS**
****FIELD PERSONNEL PLEASE VERIFY IDENTITY OF PERSON ABOVE**

FIRE • SECURITY