

COMPETENT PERSON DESIGNATION

Project		Job No.	
Employee		SSN	xxx-xx-

It has been determined that the person named above has sufficient knowledge of the systems, equipment, conditions and procedures, proper use, inspection, manufacturers recommendations and instructions, and maintenance applicable to the activities indicated below. Consequently, this person is hereby designated as a "Competent Person" per OSHA guidelines and delegated the responsibility and authority for coordinating the necessary activities and operations required to safely complete the associated work.

Competent Person Designations - Check as appropriate:

Regulation / Responsibility				E	A/J	T	O	Date
Subpart C	General Safety and Health	1926.20	Jobsite Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subpart D	Occupational Health	1926.53 1926.62	X-ray Equipment Lead Based Paint	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Subpart E	Personal Protective Equipment	1926.101		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Subpart H	Materials Handling	1926.251	Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subpart J	Welding and Cutting	1926.354	Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subpart K	Electrical	1926.404	Assured Grounding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subpart L	Scaffolds	1926.451	Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subpart M	Fall Protection	1926.502	Methods / Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subpart N	Cranes, Derricks, Hoists	1926.550 1926.552	Inspection / General	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Subpart P	Excavations	1926.650 1926.652	General Provisions Protective Systems	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Subpart Q	Concrete and Masonry	1926.705	General Provisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subpart R	Steel Erection	1926.750	General Provisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subpart T	Demolition	1926.850 1926.859	General Provisions Mechanical Methods	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Subpart X	Ladders	1926.1053	Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subpart Z	Toxic and Hazardous Substances	1926.1100 1926.1153	Asbestos Silica	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Subpart J	Permit Required Confined Spaces	1910.146	General Provisions	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Subpart N	Powered Industrial Trucks	1910.146	Training / Operation	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Subpart M	Fall Protection	1926.502	Qualified Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E = Work Experience – A = Apprenticeship/Journey Program – T = Training Program – O = OJT

Signatures	
Employee Signature	Date:
Management Authorization	Date:

An OSHA "competent person" is defined 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. **(29 CFR1926.32(f))**