



**COMPETENT PERSON FORM**

**PROJECT NAME:** \_\_\_\_\_

**Designated Competent Person Acknowledgement Form  
(10 Hour OSHA Certification # Required for Designated Competent Person)**

**Definition**

A Competent Person is a person who has the ability and has been reasonably trained to recognize hazards and has the authority to correct them.

**Responsibility**

The designated Competent Person is responsible for recognizing and correcting safety hazards. This person has the authority to stop work in the event of any potential safety concern on the job site. This representative is considered the contact person on safety related issues and shall be on site full time when hazard exists.

This form must be completed by the subcontractor and the subcontractor’s designated Competent Person(s). Where a subcontractor is responsible for multiple crafts, it is necessary to maintain additional designated Competent Persons and forms for each additional tier. Each subcontractor on a site must submit this complete form prior to beginning work on the project and update it any time there is a change in the designated representative(s).

**Acknowledgement**

I, \_\_\_\_\_ representing,  
(Subcontractor Supervisor – Print Name)  
\_\_\_\_\_, have assigned the below listed personnel to be the  
(Company Name)

Competent Person(s) in the areas indicated and I acknowledge that this individual(s) has been thoroughly trained and is experienced in hazard recognition and has the authority to stop work and correct hazards in the event of a potential hazardous or imminent danger situation.

\_\_\_\_\_  
(Subcontractor Supervisor – Signature) \_\_\_\_\_  
Date

I acknowledge that I have been thoroughly trained and have the experience to perform duties as a competent person in the areas indicated for \_\_\_\_\_ and I understand that I have the responsibility and authority to correct hazards and to stop work in the event of a potential hazardous or imminent danger situations.

**AREA OF COMPETENCY**

- |                           |                              |                       |
|---------------------------|------------------------------|-----------------------|
| a. Asbestos               | h. Hearing Protection        | o. Sling              |
| b. Respiratory Protection | i. Scaffolding               | p. Lead               |
| c. Cranes /Derricks       | j. Electrical                | q. Excavations        |
| d. Fall Protection        | k. Ladders                   | r. First Aid/CPR      |
| e. Demolition             | l. Tunnel/Shafts             | s. Concrete/Forms     |
| f. Underground Protection | m. Material/Personnel Hoists | t. Welding/Cutting    |
| g. Tilt Panel Operations  | n. Bolting/Riveting/Fitting  | u. Confined Space     |
| v. Compressed air         | w. Mechanical Demo           | x. Ionizing Radiation |
| y. Caissons/Cofferdams    |                              |                       |

Competent Person (Signature)	Competent Person (Print Name)	Area of Competency (List adjacent letters)	OSHA Certification Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____