

Training Completion Record (TCR) COMPETENT PERSON - FIXED LADDERS		Records Use Only
STUDENT:		
HID/Person ID:	Last Name:	First Name: MI:
_____	_____	_____
TRAINING:		
Course No.:	Date Completed:	CACN: Company
<u>600187</u>	_____	_____ CPCCo
Course Title: Competent Person - Fixed Ladders		
TRAINING STATUS CODE (If blank, default is Complete): <input type="checkbox"/> Complete <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete		
Criteria: Hazard Recognition and Control Experience Employee has demonstrated or responded favorably to questions regarding being 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 action to eliminate them. Also includes application of: <ul style="list-style-type: none"> • 29 CFR 1910.27, <i>Fixed Ladders</i> • CPCC-PRO-MN-40323, <i>Inspection - Portable and Fixed Ladders</i> • CPCC-STD-SH-40314, <i>Portable and Fixed Ladders Standard</i> 		
Criteria: Training (<i>The following courses or equivalent are required</i>) <ul style="list-style-type: none"> • Course 044393, <i>Competent Person Fixed Ladder Inspection</i> 		
Evaluation Criteria: A Competent Person has provided oversight of the employee satisfactorily completing the following assigned Competent Person duties:		Evaluation Date(s):
1. Inspection of (1) fixed ladder for visible defects including rust , corrosion, deterioration of rungs, side rails, supports, fasteners/anchors, ladder safety system, backside obstruction/clearances, front side clearances/obstructions, hatches, hatches opening arms, grab bars or rails, platforms and side rail extension anchors.		1.
2. Inspection of (1) fixed ladder for secure bolts, welds, and connections.		2.
3. Inspection of (1) fixed ladder for all dimensional requirements.		3.
4. Complete (1) work package datasheet.		4.
Meets		Evaluation Points
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Required Hazard Recognition and Control Criteria have been met.
<input type="checkbox"/>	<input type="checkbox"/>	Training is determined acceptable.
<input type="checkbox"/>	<input type="checkbox"/>	Experience is determined acceptable.
<input type="checkbox"/>	<input type="checkbox"/>	Required Evaluation Criteria has been met.

Training Completion Record (TCR)
COMPETENT PERSON - FIXED LADDERS (Continued)

STUDENT HID/Person ID: Last Name: First Name: MI:

Signatures/Dates

Candidate:

My signature indicates that I consider myself qualified to fulfill the duties and responsibilities of a Competent Person for fixed ladders.

_____ _____
Print First and Last Name *Signature / Date*

Subcontractor Evaluator (*only required if the candidate is a subcontractor*):

My signature indicates that I have evaluated the candidate and have verified they have the training, knowledge, skills, and ability to perform the assigned duties and meet all the requirements listed to be designated as a Competent Person for fixed ladders.

_____ _____
Print First and Last Name *Signature / Date*

CPCCo Evaluator (*required for both subcontractor and CPCCo candidates*):

My signature indicates that I have evaluated the candidate and have verified they have the training, knowledge, skills, and ability to perform the assigned duties and meet all the requirements listed to be designated as a Competent Person for fixed ladders. CPCCo evaluators must complete this Competent Person - Fixed Ladders TCR (600187) prior to performing the function of the evaluator.

_____ _____
Print First and Last Name *Signature / Date*

Candidate's Manager:

My signature indicates that I qualify the candidate to be designated as a Competent Person in fixed ladders for CPCCo work activities who may be assigned work requiring the qualification and give them authorization to take prompt corrective measures to eliminate identified and predictable hazards.

_____ _____
Print First and Last Name *Signature / Date*

CPCCo OS&IH Manager:

My signature indicates that I concur with the candidate being designated as a Competent Person in fixed ladders for CPCCo work activities.

_____ _____
Print First and Last Name *Signature / Date*

Authenticator (*CPCCo training will authenticate when received*):

_____ _____
Print First and Last Name *Signature / Date*