

Training Completion Record (TCR) QUALIFIED PERSON - STEEL ERECTION		Records Use Only
STUDENT HID/Person ID: _____ Last Name: _____ First Name: _____ MI: _____		
TRAINING: Course No.: <u>600067</u> Date Completed: _____ CACN: _____ Company: _____ Course Title: Qualified Person - Steel Erection		
TRAINING STATUS CODE (If blank, default is Complete): <input type="checkbox"/> Complete <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete		
Criteria: Professional Standing Employee possesses a recognized degree, certificate, or professional standing, or has extensive knowledge, training, and experience, and has successfully demonstrated their ability to solve or resolve problems relating to the subject matter, the work, or the project that includes application of: <ul style="list-style-type: none"> • 1926.751, <i>Competent Person presence</i> • 1626.752, (e), <i>Site Specific Erection Plan</i> 		
Criteria: Education, (Degree, certificate, or equivalent educational background)		
Criteria: Professional Standing (Description of Professional Standing)		
Criteria: Training/Experience (Description of related Training/Experience)		
On-The-Job Evaluation Criteria:		
Evaluation Criteria: A Qualified Person has provided oversight of the employee satisfactorily completing the following assigned Qualified Person duties.		Evaluation Date(s):
1. Develop a site-specific erection plan for steel erection and be available at the work site during the erection.		1.
Meets:		Evaluation Points
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Education Criteria is determined acceptable.
<input type="checkbox"/>	<input type="checkbox"/>	Professional Standing Criteria is determined acceptable.
<input type="checkbox"/>	<input type="checkbox"/>	Training/Experience Criteria is determined acceptable.
<input type="checkbox"/>	<input type="checkbox"/>	Required On-the-Job Evaluation Criteria has been met.

Training Completion Record (TCR)
QUALIFIED PERSON - STEEL ERECTION

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 steel erection.

_____ _____
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 steel erection.

_____ _____
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 steel erection. CPCCo evaluators must complete this Competent Person - Steel Erection TCR (600067) 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 steel erections 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 steel erections 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*