

Training Completion Record (TCR) QUALIFIED PERSON - FALL PROTECTION DESIGNATION	Records Use Only		
STUDENT HID/Person ID: _____ Last Name: _____ First Name: _____ MI: _____			
TRAINING: Course No.: _____ Date Completed: _____ CACN: _____ Company _____ 600068 Course Title: <u>CPCCo Qualified Person - Fall Protection</u>			
TRAINING REQUIREMENTS The candidate has completed the following training activities: <input type="checkbox"/> Course Number: 020440, Fall Protection PFAS Users <input type="checkbox"/> Course Number: 020443, Fall Protection for Qualified Person			
Criteria: Employee possess 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"> • <u>1926.502(d)(8)</u> Personal Fall Arrest System use (<i>Horizontal Lifelines</i>)(<i>Qualified Person</i>) • <u>1926.502(d)(15)(ii)</u> Personal Fall Arrest System use (<i>Anchorage</i>) (<i>Qualified Person</i>) • <u>1926.502(k)(1)</u> Prepare Fall Protection Plan (<i>Qualified Person</i>) • <u>1926.502(k)(2)</u> Approve changes to Fall Protection Plan (<i>Qualified Person</i>) • <u>1926 Subpart M Appendix C</u>, Approval of Anchorage (<i>Registered Professional Engineer/Qualified Person</i>) (<i>Non-Mandatory</i>) • <u>1926 Subpart M Appendix E</u>, Approve Fall Protection Work Permit changes (<i>Qualified Person</i>) (<i>Non-Mandatory</i>) • DOE-0346 Hanford Site Fall Protection Program 			
Criteria: Education (<i>Degree, certificate, or equivalent education background</i>)			
Criteria: Professional Standing (<i>Description of Professional Standing</i>)			
Criteria: Experience (<i>Description of related Experience</i>)			
A Qualified Person has provided oversight of the employee satisfactorily completing the following assigned Qualified Person - duties. <ul style="list-style-type: none"> • Discuss how to design/select, install, and use horizontal lifelines that are used as part of a complete personal fall arrest system. • Discuss how to design, install, and use anchorages as part of a complete personal fall arrest system which maintains a safety factor of at least two. • Discuss how to design, install, and use a Controlled Access Zone (CAZ) for a work scope that requires leading edge work or precast concrete work. • Prepare a Fall Protection Work Permit (FPWP) based on a scenario provided by the evaluator that includes the use of a horizontal lifeline and certified anchorages. 	Evaluation Date(s)		
Evaluation Points	Meets:		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
Education criteria is determined acceptable.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
Professional Standing criteria is determined acceptable.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
Training/Experience Criteria is determined acceptable.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		
Required On-the-Job Evaluation Criteria has been met.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		

Training Completion Record (TCR)
QUALIFIED PERSON - FALL PROTECTION DESIGNATION (Continued)

Signatures/Dates

Candidate:

My signature indicates that I consider myself qualified to fulfill the duties and responsibilities of a Qualified Person for fall protection.

_____ *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 Qualified Person for fall protection.

_____ *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 Qualified Person for fall protection. CPCCo evaluators must complete this Qualified Person - Fall Protection TCR (600068) 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 Qualified Person in fall protection 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 Qualified Person in fall protection 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*