

Training Completion Record (TCR) CPCCo COMPETENT PERSON - PORTABLE LADDER INSPECTOR		Records Use Only
STUDENT: HID/Person ID: _____ Last Name: _____ First Name: _____ MI: _____		
TRAINING: Course No.: _____ Date Completed: _____ CACN: _____ Company: _____ CPCCo Course Title: CPCCo Competent Person - Portable Ladder Inspector		
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"> • 1926.1053(b), <i>Periodic ladder inspection</i> 		
Criteria: Training (The following courses or equivalent are required) <ul style="list-style-type: none"> • Course 044391, <i>Portable Ladder Safety - CBT</i> • Course 044392, <i>Competent Person Ladder Inspect - CBT</i> 		
On-The-Job Evaluation Criteria: Employee (<i>i.e.</i> , <i>Student</i>) has been evaluated and has demonstrated satisfactory completion of the following duties, or demonstrating an understanding of such. <ol style="list-style-type: none"> 1. Inspect ladders for visible defects on a periodic basis and after any occurrence that could affect their safe use. 2. Train employees on the nature of all hazards in the work area, correct procedures for erecting, maintaining, and disassembling the fall protection systems to be used, maximum intended load-carrying capacities of ladders and standards contained in 29 CFR 1926 Subpart X - Ladders. 		
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 On-the-Job Evaluation Criteria has been met.

Training Completion Record (TCR)
CPCCo COMPETENT PERSON - PORTABLE LADDER INSPECTOR (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 portable ladder inspections.

_____ _____
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 portable ladder inspections.

_____ _____
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 portable ladder inspections. CPCCo evaluators must complete this Competent Person - Portable Ladder Inspector TCR (600060) 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 portable ladder inspections 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 portable ladder inspections 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*