

Training Completion Record (TCR) COMPETENT PERSON - FALL PROTECTION	Records Use Only		
STUDENT			
HID/Person ID: _____ Last Name: _____ First Name: _____ MI: _____			
TRAINING			
Course No.: _____ Date Completed: _____ CACN: _____ Company _____ 600058			
Course Title: <u>CPCCo Competent Person - Fall Protection</u>			
TRAINING REQUIREMENTS			
The candidate has completed the following training activities: <input type="checkbox"/> Course Number: 020147, Fall Hazards Recognition and Prevention <input type="checkbox"/> Course Number: 020440, Fall Protection PFAS Users			
Criteria: Hazard Recognition and Control Experience			
Employee has demonstrated or responded favorably to questions regarding being capable of identifying, evaluating, and addressing existing and potential fall hazards that includes application of:			
<ul style="list-style-type: none"> • 29 CFR 1926 Subpart M - Fall Protection <ul style="list-style-type: none"> • 1926.501 - Duty to have fall protection • 1926.502 - Fall protection systems criteria and practices • 1926.503 - Training Requirements • 29 CFR 1910 Subpart D - Walking Working Surfaces <ul style="list-style-type: none"> • 1910.28 - Duty to have fall protection and falling object protection • 1910.29 - Fall protection systems and falling object protection - criteria and practices • DOE-0346, <i>Hanford Site Fall Protection Program</i> 			
On-The-Job Evaluation Criteria:			
Employee (<i>i.e., 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. Demonstrate or discuss how to perform a competent person inspection of various fall protection equipment (<i>i.e., anchorage connectors, lifelines, lanyards, harnesses, etc.</i>) 2. Discuss the criteria of how to evaluate and select non-certified anchors 3. Demonstrate or discuss how to determine appropriate fall clearance distance 4. Discuss the responsibilities and duties of a fall protection safety monitor 5. Discuss inclement weather conditions that could limit safe work at heights 6. Prepare a Fall Protection Work Permit (FPWP) based on a scenario provided by the evaluator 			
Evaluation Points	Meets:		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Yes</td> <td style="width: 50%; padding: 2px;">No</td> </tr> </table>	Yes	No
Yes	No		
Training is determined acceptable	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
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Required Hazard Recognition and Control criteria have been met	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
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Experience is determined acceptable	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
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Training Completion Record (TCR)
COMPETENT PERSON - FALL PROTECTION (Continued)

Signatures/Dates

Candidate:

My signature indicates that I consider myself qualified to fulfill the duties and responsibilities of a Competent 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 Competent 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 Competent Person for fall protection. CPCCo evaluators must complete this Competent Person - Fall Protection TCR (600058) 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 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 Competent 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*