



Training Completion Record (TCR)  
**COMPETENT PERSON - EXCAVATION** (Continued)

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

Meets		Evaluation Points
Yes	No	
<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"/>	Knowledge of requirements and hazard identification/elimination is determined acceptable
<input type="checkbox"/>	<input type="checkbox"/>	Required On-The-Job Evaluation Criteria has been met

**Signatures/Dates**

**Candidate:**

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

\_\_\_\_\_

*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 excavations.

\_\_\_\_\_

*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 excavations. CPCCo evaluators must complete this Competent Person - Excavation TCR (600056) 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 excavations for CPCCo work activities who may be assigned work requiring the qualification and give them authorization to take prompt corrective measures to eliminate them.

\_\_\_\_\_

*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 excavations 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*