

Training Completion Record (TCR) <b>COMPETENT PERSON - DEMOLITION</b>		Records Use Only
<b>STUDENT:</b>		
HID/Person ID:	Last Name:	First Name:                      MI:
<hr/>		
<b>TRAINING:</b>		
Course No.:	Date Completed:	CACN:                      Company:
600055		CPCCo
Course Title: Competent Person - Demolition		
<b>TRAINING STATUS CODE</b> (If blank, default is Complete): <input type="checkbox"/> Complete <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete		
<b>Criteria: Hazard Recognition and Control Experience</b> Employee has demonstrated or responded favorable 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"> <li>• 1926.850(a), Complete an engineering survey as part of preparatory operations</li> <li>• 1926.859(g), Inspect for hazards due to weakened floors, walls, or loosened material as part of mechanical demolition</li> </ul>		
<b>Criteria: Training (The following courses or equivalent are required)</b> N/A		
<b>On-The-Job Evaluation Criteria:</b> Employee (i.e., student) has been evaluated and has demonstrated satisfactory completion of the following duties, or demonstrated an understanding of such: <ol style="list-style-type: none"> <li>1. Conduct an engineering survey of the structure to be demolished, to determine the condition of the framing, floors, and walls, and possibility of unplanned collapse of any portion of the structure. Adjacent structure where employees may be exposed, shall also be similarly checked.</li> <li>2. Conduct continuing inspections (during demolition) as the work progresses to detect hazards resulting from weakened or deteriorated floors, or walls, or loosened material.</li> </ol>		
<b>Meets:</b>		<b>Evaluation Points</b>
<b>Yes</b>	<b>No</b>	
<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)  
**COMPETENT PERSON - DEMOLITION** (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 demolition.

\_\_\_\_\_                                      \_\_\_\_\_  
*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 demolition.

\_\_\_\_\_                                      \_\_\_\_\_  
*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 demolition. CPCCo evaluators must complete this Competent Person - Demolition TCR (600055) 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 demolition 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 demolition 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*