

Training Completion Record (TCR) <b>COMPETENT PERSON - CADMIUM</b>		Records Use Only
<b>STUDENT:</b>		
HID/Person ID:	Last Name:	First Name:                      MI:
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<b>TRAINING:</b>		
Course No.:	Date Completed:	CACN:                      Company
600051		CPCCo
Course Title: CPCCo Competent Person - Cadmium		
<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 surrounding 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>• 1926.1127(d)(1)(i) Determine if cadmium is present and possibility of exposures above action level</li> <li>• 1926.1127(d)(1)(ii) Identify persons potentially exposed to cadmium above the action level</li> <li>• 1926.1127(d)(4) Perform additional exposure monitoring for cadmium when, or if changes occur that could result in additional exposures</li> </ul>		
<b>Criteria: Training (The following courses or equivalent are required)</b> N/A		
<b>Evaluation Criteria: Employee (i.e., Student) has been evaluated and has demonstrated satisfactory completion of the following duties, or demonstrated an understanding of such:</b> <ol style="list-style-type: none"> <li>1. Prior to the performance of any construction work where employees may be potentially exposed to cadmium, determine whether cadmium is present in the workplace and whether there is the possibility that employee exposures will be at or above the action level.</li> <li>2. Identify employees potentially exposed to cadmium at or above the action level, where cadmium has been determined to be present in the workplace, and it has been determined that there is a possibility the employee's exposure will be at or above the action level.</li> <li>3. Determine if additional monitoring is necessary based on changes that may result in additional employees being exposed or that might result in further exposure to employees already exposed.</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  
**COMPETENT PERSON - CADMIUM** (Continued)

<b>STUDENT</b>	HID/Person ID:	Last Name:	First Name:	MI:
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**Signatures/Dates**

**Candidate:**

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

\_\_\_\_\_ *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 cadmium.

\_\_\_\_\_ *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 cadmium. CPCCo evaluators must complete this Competent Person - Cadmium TCR (600051) 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 cadmium 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 cadmium 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*