

Training Completion Record (TCR) <b>COMPETENT PERSON - ASBESTOS</b>	Records Use Only
<b>STUDENT:</b> HID/Person ID: _____ Last Name: _____ First Name: _____ MI: _____	
<b>TRAINING:</b> Course No.: <u>600050</u> Date Completed: _____ CACN: _____ Company: <u>CPCCo</u> Course Title: Competent Person - Asbestos	
<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>• 1926.1101(e)(6), <i>Employer shall designate a Competent Person for all asbestos work</i></li> <li>• 1926.1101(f)(2)(i), <i>Conduct an Exposure Assessment</i></li> <li>• 1926.1101(g)(6)(ii), <i>Evaluate the work area, the projected work practices, and the engineering controls shall certify in writing that the planned control method is adequate to reduce direct and indirect employee exposure to below the PELs under worst case conditions of use, and that the Planned Control Method will prevent asbestos contamination outside the regulated area, as measured by clearance sampling, which meets the requirements of EPA's Asbestos in Schools rule issued under AHERA, or perimeter monitoring (Certified Industrial Hygienist or Licensed Professional Engineer)</i></li> <li>• 1926.1101(g)(7)(i), <i>Supervise All Class II Work</i></li> <li>• 1926.1101(g)(8)(ii)(C), <i>Determine if cutting machine misting should cease, as it substantially decreases work safety</i></li> <li>• 1926.1101(g)(8)(iv)(B), <i>Evaluate the work area, the projected work practices, and the engineering controls</i></li> <li>• 1926.1101(i)(5)(i), <i>Examine work suits, in use, at least once per shift for rips and tears</i></li> <li>• 1926.1101(k)(9)(v), <i>Determine need to use Exception Clause to EPA curriculum 40 CFR 763.92(a)(2) for Class III operations</i></li> <li>• 1926.1101(o)(1), <i>Construction work sites with asbestos shall designate a competent person</i></li> <li>• 1926.1101(o)(2) and 1926.1101(o)(3), <i>Make frequent and regular inspections</i></li> <li>• 1926.1101(o)(3)(i), <i>Perform or supervise setting up and tearing down of regulated area, enclosure, or other containment</i></li> <li>• 1926.1101 Appendix F, <i>Oversee Class I work (Non Mandatory)</i></li> </ul>	
<b>Criteria: Training (The following courses or equivalent are required)</b> Course 170060: <i>Certified Asbestos Supervisor</i>	
<b>On-The-Job Evaluation Criteria:</b> Employee ( <i>i.e., student</i> ) 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. Perform as a supervisor of asbestos work inside of regulated area</li> <li>2. Conduct an exposure assessment immediately before, or at the initiation of the operation to ascertain expected exposures during that operation or workplace</li> <li>3. Supervise Class II work</li> <li>4. Ensure cutting machines shall be continuously misted during use, unless a determination is made that misting substantially decreases work safety</li> <li>5. Evaluate the work area, the projected work practices, and the engineering controls, and certify in writing that the different or modified controls are adequate to reduce direct and indirect employee exposure to below the PELs under all expected conditions of use, and that the method meets the requirements</li> <li>6. Examine work suits worn by employees at least once per work shift for rips or tears</li> <li>7. Determine need to use Exception Clause to EPA curriculum 40 CFR 763.92(a)(2) for Class III operations</li> <li>8. Conduct frequent and regular inspections of job sites, materials, and equipment</li> <li>9. Supervise setting up and tearing down of regulated area, enclosure, or other containment</li> </ol>	

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

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

**Signatures/Dates**

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

\_\_\_\_\_

*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 asbestos.

\_\_\_\_\_

*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 asbestos. CPCCo evaluators must complete this Competent Person - Asbestos TCR (600050) 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 asbestos 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 asbestos 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*