

Training Completion Record (TCR) <b>COMPETENT PERSON - SILICA</b>	Records Use Only
<b>STUDENT</b> HID/Person ID: _____ Last Name: _____ First Name: _____ MI: _____	
<b>TRAINING</b> Course No.: 600341 Date Completed: _____ CACN: _____ Company: CPCCo Course Title: _____ Competent Person - Silica	
<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 favorably 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>• 1926.1153(c), Specified exposure control methods identified in Table 1</li> <li>• 1926-1153(d), Alternative exposure control methods, for controls not listed in Table 1</li> <li>• 1926-1153(d)(1), Permissible Exposure Limit (PEL)</li> <li>• 1926-1153(d)(2), Exposure assessment of each employee who is or may be expected to be exposed at or above the action level</li> <li>• 1926-1153(d)(3), Methods of compliance - Engineering and work practice controls, abrasive blasting</li> <li>• 1926.1153(e), Respirator protection</li> <li>• 1926.1153(f), Housekeeping - No dry sweeping/brushing, no use of compressed air for cleaning clothing or surfaces</li> <li>• 1926-1153(g), Written exposure control plan - Description of work tasks, engineering controls and work practices, respiratory protection, housekeeping measures, procedures to restrict access to work areas, review effectiveness of written plan at least annually, exposure control plan readily available upon request to each employee, use of a competent person to implement the written exposure control plan</li> <li>• 1926.115(i), Communication of hazards to employees, employee training on health hazards, specific tasks that could result in exposure, and measures taken to protect against exposure, the contents of the standard and the identity of the competent person</li> </ul>	
<b>Criteria: Training (The following courses or equivalent are required)</b> Course 200208: Respirable Crystalline Silica - Competent Person <b>On-The-Job Evaluation Criteria:</b>  Employee ( <i>i.e.</i> , student) has been evaluated and has demonstrated satisfactory completion of the following duties, or demonstrating an understanding of such: <ol style="list-style-type: none"> <li>1. Perform as a competent person over crystalline silica work activities, including those performed inside a regulated area</li> <li>2. Conduct an exposure assessment, or verify that exposure assessment is or has been performed, before or at the initiation of the operation, to identify anticipated exposure levels during that operation or in the work area</li> <li>3. Supervise silica related work activities</li> <li>4. Evaluate the work area, work practices, and verify that engineering controls are functioning properly, and are effective in controlling/minimizing employee exposure and that controls and methods meet requirements</li> <li>5. Examine work suits worn by employees at least once per shift, for rips or tears, and verify that the respiratory protection identified in the exposure control plan is used</li> <li>6. Conduct regular and frequent inspections of the job site(s), materials and equipment</li> <li>7. Supervise setting up and tearing down of regulated area, enclosure, or other containment</li> </ol>	

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

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 silica.

\_\_\_\_\_

*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 silica.

\_\_\_\_\_

*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 silica. CPCCo evaluators must complete this Competent Person - Silica TCR (600341) 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 silica 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 silica 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*