

Training Completion Record (TCR) COMPETENT PERSON - PERMIT REQUIRED CONFINED SPACE				Records Use Only
CANDIDATE:				
HID/Person ID:	Last Name:	First Name:	MI:	
_____	_____	_____	_____	
TRAINING:				
Course No.:	Date Completed:	CACN:	Company	
600311	_____	_____	CPCCo	
Course Title: Competent Person - Permit Required Confined Space				
TRAINING REQUIREMENTS:				
The candidate has completed the following training activity:				
<input type="checkbox"/> Course Number 020134, <i>Confined Space Training</i>				
Candidate's Manager:				
_____			_____	
<i>Print First and Last Name</i>			<i>Signature / Date</i>	
CRITERIA:				
Candidate possesses a recognized degree, certificate, or professional standing, or has extensive knowledge, training, and experience and has successfully demonstrated the ability to solve or resolve problems relating to 1926 construction activities, the subject matter, the work, or the project that includes application of:				
DOE-0360 , <i>Hanford Site Confined Space Procedure</i> , 10 CFR 1926.1200 Confined Spaces in Construction.				
Criteria: Education (<i>Degree, certificate, or equivalent educational background</i>)				
Criteria: Professional Standing (<i>Description of Professional Standing</i>)				
Criteria: Experience (<i>Description of related experience</i>)				

Training Completion Record (TCR)
COMPETENT PERSON - PERMIT REQUIRED CONFINED SPACE (Continued)

CANDIDATE: HID/Person ID: _____ Last Name: _____ First Name: _____ MI: _____

CRITERIA:

The Candidate has demonstrated a satisfactory level of knowledge and skills regarding the following items to be designated as a Competent Person for Permit Required Confined Spaces:

1. Define a confined space
2. Describe the difference between Permit Required Confined Space (PRCS) and Non Permit Confined Space
3. Describe applicable non-entry rescue equipment
4. Describe the hazards that may be encountered during PRCS entry (*including the mode, signs, symptoms, and consequences of exposure*) and how the hazards will be mitigated
5. Describe the process for verifying, by checking that the appropriate information has been completed on the permit, that all tests specified by the permit have been conducted, and that all procedures and equipment specified by the permit are in place before endorsing the permit, and allowing entry to begin
6. Describe the process for verifying that the Hanford Fire Department is notified for rescue services and the means for summoning them are operable
7. Describe the process for removing unauthorized individuals who enter, or who attempt to enter the PRCS during entry operations
8. Identify monitoring requirements for permit required confined spaces
9. Describe the process for inspecting permit required confined space working conditions for predicable hazards
10. Describe the process for determining whether working conditions are unsanitary, hazardous, or dangerous
11. Identify the corrective measures that may be used to eliminate unsatisfactory working conditions
12. Describe the process for terminating the entry and canceling the permit

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

Training Completion Record (TCR)
COMPETENT PERSON - PERMIT REQUIRED CONFINED SPACE (Continued)

CANDIDATE: 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 permit required confined spaces.

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 requirements listed to be designated as a Competent Person for permit required confined spaces.

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 requirements listed to be designated as a Competent Person for permit required confined spaces. CPCCo evaluators must complete this Competent Person - Permit Required Confined Space TCR (600311) 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 permit required confined spaces 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 permit required confined spaces 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