

Training Completion Record (TCR)		Records Use Only
QUALIFIED PERSON - PERMIT REQUIRED - CONFINED SPACE		
STUDENT		
HID/Person ID:	Last Name:	First Name: MI:
_____	_____	_____
TRAINING		
Course No.:	Date Completed:	CACN: Company
<u>600312</u>	_____	_____ CPCCo
Course Title: Qualified Person - Construction Activities Permit - Required Confined Space		
TRAINING STATUS CODE (If blank, default is Complete): <input type="checkbox"/> Complete <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete		
Criteria: Hazard Recognition and Control Experience Employee has demonstrated the ability to identify existing and predictable hazard in the surrounding or working conditions which are unsanitary, hazardous, or dangerous to employees and who has the authorization to take prompt corrective measures to eliminate them. Within DOE-360, Hanford Site Confined Space Procedure , this would be the entry supervisor. This only applied to 1926 Construction Activities.		
Criteria: Training (the following courses or equivalent are required) 020134, Confined Space Training		
On-The-Job Evaluation Criteria: Employee (i.e., 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"> 1. Defining a confined space 2. Describing the difference between Permit Required Confined Space (PRCS) and Non Permit Required Confined Space 3. Describing applicable non-entry rescue equipment 4. Describing 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. Describing 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. Describing the process for verifying that the Hand Fire Department is notified for rescue services and the means for summoning them are operable 7. Describing the process for removing unauthorized individuals who enter, or who attempt to enter the PRCS during entry operations 8. Identifying monitoring requirements for permit required confined spaces 9. Describing the process for inspecting permit required confined space working conditions for predicable hazards 10. Describing the process for determining whether working conditions are unsanitary, hazardous, or dangerous 11. Identifying the corrective measures that may be used to eliminate unsatisfactory working conditions 12. Describing 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)
QUALIFIED PERSON - PERMIT REQUIRED CONFINED SPACE (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 Qualified Person for permit required confined space.

_____ _____
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 Qualified Person for permit required confined space.

_____ _____
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 Qualified Person for permit required confined space. CPCCo evaluators must complete this Qualified Person - Permit Required Confined Space TCR (600312) 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 Qualified Person in permit required confined space 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 Qualified Person in permit required confined space 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*