

COMPETENT PERSON FORM

Job Name: _____ Job Number: _____

Location: _____

Subcontractor: _____ Work Performed: _____

I, _____, have been designated by our firm as a Competent Person for this project, per OSHA definitions, and have had formal safety training for my appropriate scope of work.

Signature Date Witness (Of Signature Only) Date

Print Name and Title Print Name and Title

OSHA defines competent person in 29 CFR 1926.32(f) as "one who is 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 measures to eliminate them."

***PLEASE ATTACH VALID CERTIFICATION DOCUMENTS**
****FIELD PERSONNEL PLEASE VERIFY IDENTITY OF PERSON ABOVE**

