



Date: \_\_\_\_\_

### Designated Competent Person Acknowledgment Form

Project Name: \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Subcontractor: \_\_\_\_\_

#### Definition

A Competent Person is a person who has the ability and has been reasonably trained to recognize hazards and has the authority to correct them.

#### Responsibility

The designated Competent Person is responsible for recognizing and correcting safety hazards. This person has the authority to stop work in the event if any potential safety concern on the job site. This representative is considered the contact person on safety-related issues and shall be on site full-time when hazard might exist.

Each subcontractor on a site must submit this complete form prior to beginning work on the project and update it any time there is a change in the designated representative(s).

#### Acknowledgment

I, \_\_\_\_\_ representing Composite Construction Systems, Inc. have assigned the below listed personnel to be the Competent Person(s) in the areas indicated and I acknowledge that this individual has been thoroughly trained and is experienced in hazard recognition and has the authority to stop work and correct hazards in the event of a potential hazardous or imminent danger situation.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

I acknowledge that I have been thoroughly trained and have the experience to perform the duties as a competent person in the areas indicated below, and I understand that I have the responsibility and authority to correct hazards and to stop work in the event of a potential hazardous or imminent danger situation.

#### Areas of Competency

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> a. Asbestos                 | <input type="checkbox"/> j. Electrical                | <input type="checkbox"/> s. Concrete/Forms/Shoring |
| <input type="checkbox"/> b. Respiratory Protection   | <input type="checkbox"/> k. Ladders                   | <input type="checkbox"/> t. Welding/Cutting        |
| <input type="checkbox"/> c. Cranes/Derricks          | <input type="checkbox"/> l. Tunnel/Shafts             | <input type="checkbox"/> u. Confined Space Entry   |
| <input type="checkbox"/> d. Fall Protection          | <input type="checkbox"/> m. Material/Personnel Hoists | <input type="checkbox"/> v. Compressed Air         |
| <input type="checkbox"/> e. Demolition               | <input type="checkbox"/> n. Bolting/Riveting/Fitting  | <input type="checkbox"/> w. Mechanized Demo        |
| <input type="checkbox"/> f. Underground Construction | <input type="checkbox"/> o. Sling                     | <input type="checkbox"/> x. Ionizing Radiation     |
| <input type="checkbox"/> g. Tilt Panel Operations    | <input type="checkbox"/> p. Lead                      | <input type="checkbox"/> y. Caissons/Cofferdams    |
| <input type="checkbox"/> h. Hearing Protection       | <input type="checkbox"/> q. Excavations/Trenching     |  |
| <input type="checkbox"/> i. Scaffolding              | <input type="checkbox"/> r. First Aid/CPR             |  |

#### Competent Person

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_