

## DESIGNATED COMPETENT PERSON FORM

Company Name:	Date:
Job Name:	
29 CFR 1926.32(f)	
	of identifying existing and predictable hazards in the insanitary, hazardous, or dangerous to employees, and who sures to eliminate them.
Provide the name of the person who will be or	nsite and designated as your company's "competent
person" for this job.	
Name:	Title:
Phone Number:	
These regulations require a competent person company's competent person for the tasks liste Activity in which engaged:	when performing that task. If applicable, please list your ed below.  Name of Designated Competent Person:
Trenching & Excavation	
Scaffolding	
Fall Protection	
Confined Space	
Rigger/Signaler/Cranes	
Electrical	
Demolition	
Steel Erection	- <u></u> -
Welding & Cutting	
Crystalline Silica	
Other: (List:)	
Designated By (Print Name & Title) :	
Signature:	
Date:	

A completed copy of this form must be submitted with your JHA prior to the start of work.