

## Excavation Competent Person Evaluation

|                |  |                         |  |
|----------------|--|-------------------------|--|
| Employee Name: |  | Date:                   |  |
| Job Title(s)   |  | Years in Job:           |  |
| Department     |  | Years in Department:    |  |
| Phone Number   |  | Total Years in Service: |  |

| Description of Evaluation Item:   |                          |                          |          |
|---|--------------------------|--------------------------|----------|
| Does the designated individual have training and knowledge of:                          | Yes                      | No                       | Comments |
| The requirements of 1926 Subpart P?   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| The use of protective systems?  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Soils analysis and classification?  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| The use of the soil classification worksheet?   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Hazardous environments?   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Does the designated individual have the authority to:                                   | Yes                      | No                       | Comments |
| Take prompt corrective measures to eliminate existing and predictable hazards?          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| To stop work?   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Does the designated individual have the knowledge and authority to conduct inspections: | Yes                      | No                       | Comments |
| Of the jobsite on a daily basis?  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Of adjacent areas?  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Of protective systems?  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Prior to the start of work?   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| As needed throughout the work shift?  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| After a rainstorm or hazard - increasing occurrence?                                    | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Of excavation safety equipment used in protective systems?                              | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Using the excavation site checklist and Daily Field Report?                             | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Additional Comments:  |                          |                          |          |
|   |                          |                          |          |

|                          |  |
|--------------------------|--|
| Supervisor Signature     |  |
| Supervisor Printed Name: |  |
| Date:                    |  |