



Competent Person Evaluation Fall Restraint & Fall Arrest

This is a check list which has been devised to help/assist the employer determine if the person he/she has designated as a Competent Person is competent within the description and intent of the Fall Restraint and Fall Arrest Standard, WAC 296-155-24503 (7).

Employee's name		Position	
Date of evaluation by employer	Length of time with employer	Lengthen of experience in fall protection	

Training:

Does the designated individual have training in:	Yes	No
Use of fall protection equipment.	<input type="checkbox"/>	<input type="checkbox"/>
Inspection requirements of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Storage of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Identifying fall hazards	<input type="checkbox"/>	<input type="checkbox"/>
Requirements of the fall restraint & fall arrest standards	<input type="checkbox"/>	<input type="checkbox"/>

Knowledge:

Does the individual have knowledge about:	Yes	No
Fall hazards	<input type="checkbox"/>	<input type="checkbox"/>
Use of protective systems	<input type="checkbox"/>	<input type="checkbox"/>
Requirement of the standards	<input type="checkbox"/>	<input type="checkbox"/>
Fall protection work plans	<input type="checkbox"/>	<input type="checkbox"/>
Emergency removal	<input type="checkbox"/>	<input type="checkbox"/>
Line capacity	<input type="checkbox"/>	<input type="checkbox"/>

Authority:

Does the designated individual have authority to:	Yes	No
Take prompt corrective measures to eliminate existing and predictable hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Stop work until hazards are corrected or eliminated or controlled and remove employees from the hazardous area until proper systems are in place?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Do you consider the individual to be competent within the requirements of the fall restraint and fall arrest standard ?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If not, why? Areas to be strengthened.		
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Continue on reverse if more space is needed.

Employer/Representative Signature: _____