

Excavation Competent Person Evaluation Form – ET-1

Employee Name: _____
 Job Title(s): _____
 Department: _____
 Phone Number: _____

Date: _____
 Years In Job: _____
 Years in Department: _____
 Total years service: _____

Instructions: Evaluate the designated individual by completing the items in the evaluation list by indicating the appropriate response and noting descriptive conditions in the comments column.

Description of Evaluation Item:	Yes No		Comments
<i>Does the designated individual have training and knowledge of:</i>			
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"/>	
<i>Does the designated individual have the authority to:</i>			
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"/>	
<i>Does the designated individual have the knowledge and authority to conduct inspections</i>			
Of the jobsite on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	
Of adjacent areas?	<input type="checkbox"/>	<input type="checkbox"/>	
Of the 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: _____

Date: _____