

PURDUE UNIVERSITY Excavation Safety Program

Excavation Competent Person Evaluation

Employee Information

Employee Name: _____	Date: _____
Job Title(s): _____	Years In Job: _____
Department: _____	Years in Department: _____
Telephone Number: _____	Total Years of 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 comment column.

Evaluation Items:

Does the designated individual have training and knowledge of:

	Yes	No	Comment
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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	Comment
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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	Comment
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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 Signature: _____ Date: _____