

## 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.

<b>Description of Evaluation Item:</b>	<b>Yes No</b>		<b>Comments</b>
<b><i>Does the designated individual have training and knowledge of:</i></b>			
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"/>	
<b><i>Does the designated individual have the authority to:</i></b>			
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"/>	
<b><i>Does the designated individual have the knowledge and authority to conduct inspections</i></b>			
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"/>	
<b>Additional Comments:</b>			

**Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_