



Fall Protection Competent Person Authorization Form

**This model form/template must be customized to meet your Agency’s needs.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of individual)

has been designated as an “Authorized” Fall Protection Competent Person by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of employer)

based on the individual’s training, experience and demonstrated skills in the following:

* Fall Protection Basics Training (Classroom)
* Fall Protection Equipment Use and Inspection Requirements
* Fall Protection Equipment Use and Operating Safety Precautions
* Anchorage and Lifeline Load Handling
* Safety Precautions, Rescue, and Special Situations
* Written Evaluation / Safety Quiz
* Hands-on Equipment Instruction, Use, and Evaluation

**Training Requirements Required by the Employer:**

* Initial training prior to assignment and authorization
* Recertification required every three years.
* Additional refresher training based upon performance, near-misses or accidents

**Operator Evaluation Date Evaluated / Passed by**

Employee understands Fall Protection (FP) equipment

manufacturer’s instructions, use, and limitations. \_\_\_\_\_ \_\_\_\_\_

Employee can correctly don and use FP equipment \_\_\_\_\_ \_\_\_\_\_

Employee understands employer’s FP Plans \_\_\_\_\_ \_\_\_\_\_

Employee understands FP inspection forms and required frequency \_\_\_\_\_ \_\_\_\_\_

Employee can inspect and evaluate FP equipment / anchorages \_\_\_\_\_ \_\_\_\_\_

Employee can inspect / evaluate ladders (step/extension/fixed) \_\_\_\_\_ \_\_\_\_\_

Employee can perform / summon FP rescue and emergency services    \_\_\_\_\_ \_\_\_\_\_

Review of supporting documents related to Competent Person designation: (Attach copies)

\_\_\_\_\_\_ Training, classes, and workshops attended

\_\_\_\_\_\_ Years of experience in supervisor or lead person: no. of years/months \_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Formal education, union apprenticeship, etc.

\_\_\_\_\_\_ On-the-job Performance: (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fall Protection Equipment trained on and authorized to use/inspect/evaluate:

(list all manufacturers, make and model numbers (attach separate sheet as needed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized and Designated by:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual assigned as an “Authorized” Fall Protection Competent Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_