



Silica Competent Person Form

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of individual) has been trained in the employer’s procedures for working with Silica and has been authorized as a

“competent person” by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of employer)

**Training Requirements:**

* Initial training prior to assignment and authorization
* Refresher training required annually
* Additional refresher training based upon performance, near-misses, or accidents

**Competent Person Evaluation:**

The assigned individual has knowledge, training, and authorization to ensure that work operations involving silica are completed according to Table 1 and/or the employer’s written alternative exposure control plan.

**Evaluation Date Evaluated/Passed by**

Understands the health hazards associated with crystalline silica \_\_\_\_\_ \_\_\_\_\_

Understands specific tasks that could result in worker exposure \_\_\_\_\_ \_\_\_\_\_

Understands/follows Table 1 safe work practices for silica operations \_\_\_\_\_ \_\_\_\_\_

Understands controls to be used (water/vacuum/rotation/respirators, etc.) \_\_\_\_\_ \_\_\_\_\_

Understands employer’s written alternative exposure plan \_\_\_\_\_ \_\_\_\_\_

Understands PPE and tools to be used for silica work tasks \_\_\_\_\_ \_\_\_\_\_ Understands that workers required to wear respirators must be trained,

medically evaluated, and fit tested by the employer prior to respirator use \_\_\_\_\_ \_\_\_\_\_

Understands housekeeping requirements for silica work tasks \_\_\_\_\_ \_\_\_\_\_

As the silica work begins, the competent person will be responsible to inspect and supervise workers to confirm that specific job-site work activities being performed are following safe work practices to control silica dust and worker exposures.

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

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

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

\_\_\_\_\_\_ Formal Education, Union Apprenticeship, Certifications, etc.

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

I have been trained in and agree to follow my employer’s safe work practices and established control methods involving Silica work practices. I have been given the authority to take prompt corrective measures to eliminate existing and predictable hazards related to silica work practices and exposure including the authorization to stop work when required. Any questions I have will be immediately addressed to: (Manager, Safety, Human Resources) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name/title).

Signature of Individual assigned as a Silica Competent Person:

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

Evaluated and Authorized by:

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

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

Reference documents: Silica Table 1; Employer Silica Exposure Control Plans