

# Competent Person Evaluation Fall Restraint & Fall Arrest

This checklist has been devised to help/assist the employer to determine if the person he/she has designated as a Competent Person is competent within the description and intent of the Fall Restraint and Fall Arrest Standard, [WAC 296-880-10015](http://www.wa.gov/wac/default.aspx?cite=296-880-10015).

Employee's Name		Position	
Date of Evaluation	Length of time with Employer	Length of Experience in Fall Protection	

## Training

Does the designated individual have training in:

	Yes	No
Use of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Inspection requirements of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Storage of fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>
Identifying fall hazards	<input type="checkbox"/>	<input type="checkbox"/>
Requirements of the fall restraint and fall arrest standards	<input type="checkbox"/>	<input type="checkbox"/>

## Knowledge

Does the individual have knowledge about:

	Yes	No
Fall hazards	<input type="checkbox"/>	<input type="checkbox"/>
The correct procedures for erecting, maintaining, assembling, disassembling, and inspecting the fall protection systems to be used.	<input type="checkbox"/>	<input type="checkbox"/>
Requirement of the standards	<input type="checkbox"/>	<input type="checkbox"/>
Fall protection work plans	<input type="checkbox"/>	<input type="checkbox"/>
Emergency removal	<input type="checkbox"/>	<input type="checkbox"/>

## Authority

Does the designated individual have authority to:

	Yes	No
Take prompt corrective measures to eliminate existing and predicable hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Stop work until hazards are corrected or eliminated or controlled, and remove employees from the hazardous area until proper systems are in place?	<input type="checkbox"/>	<input type="checkbox"/>

## Comments

	Yes	No
Do you consider the individual to be competent within the requirements of the fall restraint and fall arrest standard? If not, why? Areas to be strengthened?	<input type="checkbox"/>	<input type="checkbox"/>