

Letter of Designation

0206500_CP_11_06_en_A9



Employer Name _____

The employee designated herein is determined by their employer to have knowledge of systems, equipment, conditions and procedures, proper use, inspection, manufacturer’s recommendations, and maintenance for the designation(s) below.

_____ is designated as a: (indicate with an “X” in appropriate boxes)
Employee Name (Print)

- Competent person** - one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.
(ex. fall protection, excavations, confined space, scaffolds, lead, silica, asbestos, etc.)

- Qualified person** - one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated the ability to solve or resolve problems relating to subject matter, work, or a project.
(ex. fall protection design, shoring design, scaffold design, electrical / LOTO, etc.)

- Authorized person** – one who is permitted by an employer to perform a specific task or to be in a specific location at a jobsite and has the appropriate training to perform the task and recognize hazards related to the task or surroundings *(ex. power tool operation, fall protection, equipment operator, working in a Controlled Access Zone, etc.)*

Note: *The employer shall attach any certifications, degrees, licenses or comparable documentation to verify authorization, competency and/or qualification of said employee to this letter.*

Employer Company Official (Print Name) _____

Employer Company Official Title (Print) _____

Employer Company Official (Signature) _____

Date _____