

Fall Protection: Competent and Qualified Person Designation Form

Department: Chemical and General Safety

Program: Fall Protection

Owner: Program Manager

Authority: ES&H Manual, Chapter 45, Fall Protection¹

Candidate Name		
Supervisor Name		
Directorate / Department		
Type (select one)	<input type="checkbox"/> Competent Person	<input type="checkbox"/> Qualified Person
Experience (include dates)		
Education and Training (include dates)		
Professional Certifications (if applicable)		

Person Making This Designation (name)	
Signature	
Designee Acceptance of Designation (signature)	
Date	

¹ SLAC Environment, Safety, and Health Manual (SLAC-I-720-0A29Z-001), Chapter 45, "Fall Protection", http://www-group.slac.stanford.edu/esh/hazardous_activities/fall_protection/policies.htm