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**COMPETENT PERSON FORM**

Job Name: \_\_\_\_\_ Location: \_\_\_\_\_

Job Number: \_\_\_\_\_ Trade: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

I, \_\_\_\_\_, have been designated by our firm as a Competent Person for this project, per OSHA definitions (see below), and have had formal safety training for my appropriate scope of work.

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

\_\_\_\_\_  
Witness of Signature Date

\_\_\_\_\_  
Name and Title (printed)

\_\_\_\_\_  
Witness Name and Title (printed)

*OSHA defines competent person in 29 CFR 1926.32(f) as "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."*