**Objective:** To reinforce awareness about the qualifications necessary to design and install protective systems.

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| **Site Condition & Protective System Requirements** | **Role of Competent Person** | **Role of Registered Engineer** |
| **Trenches Under 4’ deep**  Protective systems are only required if the potential for cave-in exists. | Inspects the site to determine the soil class, cave-in or other hazards and requirements for access, egress, and the protective system. | Not required unless adjacent structures or other special hazards exist. |
| **Trenches 4’ – 20’ deep**  The following is required:   * + Shoring/shielding   + Sloping   + Benching | Required to approve designs provided by the competent person, address special hazards, or design a customized protective system. |
| **Trenches Over 20’ deep** A registered professional engineer must design the protective system. | Required to design or approve designs for protective systems that include shoring, shielding, sloping, or benching. Required to address special hazards |
| **Access and Egress** A stairway, ladder, or ramp must be present in excavations that are four feet deepor more. | Assures that ladders, ramps, and runways are sturdy and located within 25 feet of personnel. |  |
| **Surface Crossings** | Assures that foot traffic crossings are built to meet or exceed minimum safety standards. | Required to design, approve designs and supervise installations. |

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer: Trainer’s Signature: \_\_\_\_\_

**Class Participants:**

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_  
  
Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_

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Name: \_\_\_\_ \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_