COMPETENCY CHECKLIST
PROTECTIVE MEASURES

Technician: _____ Date: _____/_____/_____

can be used to demonstrate these competencies.

AREA 3.2 – OL ZONES AND OPERATIONAL AREAS			
No.	**Requirement**		
3.2.1	Given a simulated hazardous materials incident and a completed hazard/risk assessment, the technician will demonstrate the ability to establish a visible control zone in accordance with the employer's emergency response plan.	_____ (Signature)	__/__/__ (Date)
3.2.2	Given a hazardous materials incident scenario and a completed hazard/risk assessment, the technician will recommend appropriate isolation and protective action distances and communicate those recommendations to the appropriate supervisor.	_____ (Signature)	__/__/__ (Date)
3.2.3	Given a simulated incident, the technician will demonstrate the ability to properly maintain control zones in accordance with the site safety plan and the employer's emergency response plan.	_____ (Signature)	__/__/__ (Date)
Evaluator Remarks			
		_____ (Signature)	__/__/__ (Date)

COMPETENCY CHECKLIST
PROTECTIVE MEASURES