Personnel Competence Evaluation Record

Name of Person Evaluated	
Designation / Role (Verifier / Reviewer / Internal Auditor / Expert)	
Scope(s) / Scheme(s) Evaluated For	
Evaluation Type	☐ Initial ☐ Annual/Periodic ☐ Scope Extension ☐ Triggered (specify trigger)
Evaluation Date	
Evaluator Name & Signature	

Evidence Reviewed and Findings

Criterion	Evidence Reviewed / Comments	Meets Requirement (Y/N)	Ref. Doc./Cert.
Qualification / certification			
Mandatory training completion (e.g., 5-day GHG lead auditor course)			
Minimum number of audits/verifications completed			

Scheme-specific knowledge			
Personal attributes / conduct			

Gaps Identified (if any) and Closure Action

Gap Description	Closure Action	Target Date	Status

Overall Evaluation Outcome

☐ Competent — approved for the scope(s)/function(s) evaluated, unsupervised

☐ Conditionally Competent — approved subject to supervision / closure of gap(s) above

☐ Not Yet Competent — not approved; re-evaluation required after closure action

Evaluator Signature: _____ Date: _____

Reviewed / Approved by: _____ Date: _____