

NAME OF TRAINING PROVIDER:



**IADC
RIGPASS**

APPLICATION FOR ACCREDITATION

HEALTH, SAFETY, & ENVIRONMENTAL (HSE) ORIENTATION

Part 1 – Provider Information

Part 4 – Instructors

Part 2 – Program Self-Certification Worksheet

Part 5 – Summary of Program Modifications

Part 3 – Instructional Materials

FORM SCO-03 APPLICATION FOR ACCREDITATION

Revision 19

Please complete all portions of this application in the fields provided. Once completed, attach the following:

- *Payment of application fee (if applicable)*
- *SCO-05 Instructor Applications (if applicable)*
- *SCO-03sg or SCO-03sl (if applicable)*

Mail the completed application and all attachments to:

*International Association of Drilling Contractors
3657 Briarpark Drive, Suite 200
Houston, TX 77042*

Attn.: RigPass Coordinator

Or email to rigpass@iadc.org

PART 1: PROVIDER INFORMATION**Name of company or institution** (designated the "accreditable unit"):

Parent Organization (if different from accreditable unit):

Has your company operated under a different name in the past 5 years? Yes No

If so, prior name:

Application Type New application Renewal
(of previously accredited program) Modifications
(to currently accredited program)**Offshore Endorsement** Yes No**Land Endorsement** Yes No**SafeGulf Participant** (Gulf of Mexico and US territory ONLY)
 Yes No**SafeLandUSA Participant** (US territory ONLY)
 Yes No

If yes, attach SCO-03sg.

If yes, attach SCO-03sl.

Company or Institution Course Scheduling Policy

How many days after a new employee is hired must the RigPass Course be completed?
(For example, a new employee begins working for your company on January 1. That employee must complete the RigPass training during his first week of employment. The number of days to complete would be 0-5.)

- within 30 days of hire
- 31 – 60 days of hire
- 61 – 90 days of hire
- Other, within _____ days of hire
- Not applicable. Training program is not In-House.

Location of Program's Administrative Offices (do NOT include PO Boxes)**Address Line 1** (Physical location of Program's administrative offices)**Address Line 2:****City:****State:****Country:****Zip/Postal Code:****Billing Address of Provider (if different from administrative offices)****Address Line 1** (Location of Provider's administrative offices):**Address Line 2:****City:****State:****Country:****Zip/Postal Code:**

Contact Information		
<u>Responsible Corporate Official</u>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
Website: Do you have a website address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please provide the web address:		
<u>Administrative Contact/Correspondent</u> (person responsible for ordering Certificates of Completion):		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
<u>Additional Administrative Contact/Correspondent:</u>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
<u>Additional Administrative Contact/Correspondent:</u>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
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First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
<u>Additional Administrative Contact/Correspondent:</u>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		

COURSE DESIGN AND DELIVERY

Type of Program

- Drilling Contractor In-House Program
- Ancillary Service Contractor In-House Program
- Operator/Producer Company In-House Program
- Commercial Training Organization
- University Affiliated (specify university) _____
- Nonprofit Training Organization
- Other (explain):

ADDITIONAL COURSE INFORMATION

Course Language(s)

- English Spanish Arabic Mandarin Other: _____

Will this be a traveling program: Yes No

If yes, supply a description of minimum requirements for the facilities you plan to utilize.

Please list all locations where you will be conducting your course:

Accreditation Location 1:	Accreditation Location 2:
Name of Contact:	Name of Contact:
Shipping Address:	Shipping Address:
City:	City:
State:	State:
Zip/Postal Code:	Zip/Postal Code:
Country:	Country:
Accreditation Location 3:	Accreditation Location 4:
Name of Contact:	Name of Contact:
Shipping Address:	Shipping Address:
City:	City:
State:	State:
Zip/Postal Code:	Zip/Postal Code:
Country:	Country:
Accreditation Location 5:	Accreditation Location 6:
Name of Contact:	Name of Contact:
Shipping Address:	Shipping Address:
City:	City:
State:	State:
Zip/Postal Code:	Zip/Postal Code:
Country:	Country:

Part 2: PROGRAM SELF-CERTIFICATION WORKSHEET

PURPOSE

To expedite processing of an accreditation application, this form must be used by the applicant agency to describe the structure, format and administration of its orientation program. Please follow the instructions provided for each section.

OBJECTIVE

The key objective of RigPass is to provide new employees with a basic orientation of rig operations and safe work practices. Ideally, this should occur before the employee begins work at the rig. However, due to various logistical conditions in the drilling industry, this will not always be possible. Companies with in-house programs are encouraged to establish policies to ensure that their new employees complete the RigPass orientation as soon as it is practical.

PART 2: PROGRAM SELF-STUDY

To complete this section, the applicant agency must conduct a detailed self-study of its program curriculum compared to the required curriculum outline of the IADC RigPass Service Contractor Orientation Program. Contents of this outline appear in the TOPICS column on the PROGRAM SELF-CERTIFICATION WORKSHEET below. For each topic area in Part 2, the applicant agency must provide the following information:

Where Provided

This column pertains to the location where this topic is conveyed to the participant. Choose from the list below by using the abbreviated responses in parenthesis. List all that apply.

- CLASSROOM (CLS)—Provided in dedicated facility (temporary or permanent) removed from the work site and intended for use by a group of persons. This may include a company training facility, a room at an education institution, or a room used only on occasion, such as a meeting room at a hotel.
- POINT OF HIRE (POH)—Provided in an administrative office or other business facility where employees are regularly hired, either individually or in a small group.
- POINT OF TRANSIT (POT)—Provided at a heliport, boat dock, or other transportation-related facility regularly used for travel to the work site, either individually or in a small group.
- WORK SITE (WST)—Provided at the drilling location or on a platform or mobile offshore drilling unit, either in a small group.
- OTHER (OTH)—Provided at any other location not fully described above. A brief explanation must be provided at the end of Part 2.

How Instructed

This column pertains to the methods, techniques, or teaching aids ordinarily used to convey each topic to the participant during the orientation. Choose from the list below by using the abbreviated responses in parenthesis. List all that apply.

- LECTURE/DISCUSSION (L/D) Instructed in a group setting of two or more participants, led by an instructor.
- AUDIO VISUAL (A/V) Stand-alone audiovisual instruction such as a video or DVD
- INDIVIDUAL (IND) Instructed on a one-on-one basis by a personnel or safety professional or other qualified person.
- CBT (CBT) Computer-based training with instructor oversight
- OTHER (OTH) Any other method that is not fully described above, such as a test administered and recorded by a computer. A brief explanation must be provided at the end of Part 2.

How Documented or Measured

Use this column to denote how a participant's involvement in the orientation is documented or measured. Choose one method from the list below by using an abbreviated response in parenthesis.

- CHECKLIST (CHK) The employee orientation is documented by using a checklist that is initialed or signed by the participant and the instructor, supervisor, personnel or safety representative or other qualified person. If own checklist design is used, a copy/email must be submitted.
- TEST (T) Participants are administered a written test to measure acquisition and retention of the topics presented in the orientation. If own test design is used, a copy/email must be submitted.
- BOTH (B) Participants' involvement is documented through both a checklist and a test as described above.
- OTHER (OTH) Any other method that is not fully described above, such as a test administered and recorded by a computer. A brief explanation must be provided at the end of Part 2.

Time Allotted

In this column, indicate the approximate amount of time customarily allotted to the discussion or instruction in each section, in hours and minutes (HH:MM, where 30 minutes would be expressed as 00:30). Only one entry per section is needed. Reporting the time for each individual topic is not required. Be sure to indicate Total Time Allotted for all Sections on page 13.

COMPLETED WORKSHEET

All items listed above must be completed unless otherwise indicated. Only an item designated as not applicable may be marked as "N/A" when appropriate for your course. A brief explanation must be provided at the end of worksheet.

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
I. GENERAL SAFETY				
A. Principles				
1. Employee safe work practices are a condition of employment				
2. Workplace injuries are preventable				
3. Lead through example				
4. Safety is important both on and off the job				
5. Each individual's safety performance has a direct bearing on his/her employer's ability to work in the industry				
6. Workplace injuries are costly				
7. Benefits of safe behavior r/ Attitude is contagious				
8. Fatigue and regulated rest periods				
B. Alcohol and Drug Policies				
1. Government regulations / Company requirements				
2. Defined / where posted				
a. Contractor				
b. E&P operator (if different)				
3. Supervisor responsibilities, training, reasonable suspicion				
4. Employee awareness: effects and consequences				
5. Searches and seizures				
6. Testing				
7. Reporting of prescription medications				
8. Prohibit drug paraphernalia				
C. Firearms, Weapons and Other Prohibited Items				
1. Firearms, ammunition, clubs, illegal drugs, alcohol, lighters/matches, explosives				
2. Stolen items, contraband, cell phones				
D. Personal Conduct				
1. No horseplay or practical jokes				
2. Observe smoking restrictions				
3. Practice respect for co-workers				
a. No ethnic, racial, religious or sexual harassment or jokes				
b. No profanity				
c. No excessive noise				
d. Proper dress on and off duty				
e. Attend to personal hygiene				
4. Workplace violence				
a. Recognition of				
b. Responsibility to report				
5. Items that may be prohibited (stolen items, contraband, cell phones, highly caffeinated energy drinks)				

E. General Worksite Safety			
1. Worksite hazards - types			
a. Electric (shock)			
b. Mechanical (caught between/struck by)			
c. Gravity (dropped objects)			
d. Pressure (air, drilling mud, gas)			
2. Behavior-based safety			
a. Overview			
b. Roles and responsibilities			
3. Intervention / Stop work			
a. Management support of intervention			
b. Employee authority and responsibilities			
c. Examples of intervention			
4. Job Safety Analysis/Job Hazard Analysis (JSA/JHA)			
a. Roles and responsibilities of hazard identification			
b. JSA Elements (job steps, hazard identification, mitigation)			
5. Pre-job planning meeting			
6. Site and unit specific orientation			
7. Simultaneous operations/communications			
8. Globally Harmonized Safety Signage & Placards			
9. When operator and contractor rules differ			
10. Chain of command / reporting structure			

F. Manual Hand Tool and Power Hand Tool Safety			
1. Inspect before use, including electrical cords, GFCI or welding leads			
2. Take unfit tools out of service			
3. Use appropriate tools for the task (Do not alter tool or use cheater bar, pipe or other unapproved device to increase torque of a tool.)			
4. Alternative cutting tools (pocket knife, machete, bush knife, hatchet)			
5. Proper use of hand and power tools			

G. Housekeeping			
1. Importance			
2. Proper housekeeping practices			
a. Proper storage			
b. Walkways and aisles			
c. Spills and trip hazards			
d. On the job			
e. Signs, cones, barriers and barricades			

H. Walking Working Surfaces			
1. Overview			
2. Guarding floor and wall openings and holes			
3. Scaffolding/Ladders			
4. Stairways/Handrails			

I. Reporting and Investigating Incidents			
1. Causes of incidents			
2. General procedures			
a. When and how to report an incident			
b. Bodily injury and first aid			
c. Property damage			
d. Vehicle accidents			
e. Near miss events			
f. Uncontrolled and/or unauthorized release to the environment			
g. Potential hazardous conditions			
3. Purpose of incident investigation			
4. Employee responsibility in incident investigation			

J. Land Transportation			
1. Overview/Statistics			
a. Valid driving licenses, certifications, endorsements			
b. Journey management (trip planning)			
c. Load securement, offloading			
2. Vehicle condition/Inspection			
3. Driving practices			
a. Motor vehicle laws			
b. Defensive driving			
c. Vehicle safety restraints (seat belts, airbags)			
d. Road hazards/adverse weather – (road conditions – wildlife)			
e. Parking (back in, location hazards)			
f. No cell phone use while driving/Driving distractions			
g. Driving under the influence			
h. Fatigue			
i. Texting-while-driving			

Total Time Allotted for Section I			
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
II. PERSONAL PROTECTIVE EQUIPMENT (PPE)				
A. PPE Overview				
1. Eliminate, control, protect				
B. Determining What PPE Is Needed				
1. Employee orientation				
2. Job planning orientation				
3. Site specific orientation				
4. Operator's and Contractor's safety policies				
5. Personal preferences				
6. Elimination of uncertainties -- asking co-workers or supervisors				
C. Head Protection				
1. Types				
2. Inspection				
3. Care and use				
D. Face and Eye Protection				
1. Types				
a. Protection				
b. Limitations				
c. Use in combination				
2. Inspection				
3. Care and use				
E. Hearing Protection				
1. Types				
a. Protection				
b. Limitations				
c. Use in combination				
2. Inspection				
3. Care and use				
F. Foot Protection				
1. Types				
2. Inspection				
3. Care and use				
G. Hand Protection				
1. Causes of hand injury				
2. Hand protection PPE				
a. Types				
b. Inspection				
c. Care and use				

H. Respiratory Protection			
1. Medical Questionnaire/test			
2. Fit testing			
3. Types of respirators			
4. Types of canisters			
5. Inspections			
6. Care and use			

I. Fall Protection			
1. Types			
2. Inspection			
3. Care and use			

J. Other PPE			
1. Specialty protective clothing			
2. Care and use			

Total Time Allotted for Section II			
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
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III. HAZARD COMMUNICATION AND MATERIALS HANDLING

A. Types of Hazards			
1. Hazard communications			
2. Written plan			
3. Chemical inventory hazardous materials			
4. Container labeling			
5. Safety Data Sheet (SDS)			
a. Definition			
b. Location			
6. Safety equipment and employee responsibilities			
7. Training requirements			

B. Transportation of Hazardous Materials			
1. Must be accompanied by safety data sheet or a copy of the emergency response guidebook or equivalent.			
2. Container must have proper labeling, marking or placarding			
3. Must be accompanied by a properly completed shipping paper			

C. Uncontrolled/Unauthorized Release of Hazardous Materials			
1. Report the incident to the person in charge			
2. Do not respond to the release unless properly trained			

Time Allotted for Section III			
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
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IV. OCCUPATIONAL HEALTH

A. Overview

B. Employee's Roles and Responsibilities in Dealing with Industrial Hygiene Hazards

1. Do not handle or dispose of health hazards unless specifically trained or certified
2. Report any suspicion of a health hazard to the person in charge
3. Exposure Types (skin contact, inhalation, radiation, [ionizing & non-ionizing], noise, etc.)
4. Monitoring for and Mitigating of hazards

C. Potential Hazards at the Work Site

1. Hydrogen sulfide (H2S)
2. Respirable Crystalline Silica
3. Diesel mist (oil-based mud)
4. Noise
5. Others (benzene, lead, CO₂, NORM, mercury, diethanolamine, hexavalent chromium, methanol, welding fumes, N₂, fibers [asbestos, mineral, etc.], fumes, liquids, weather, dust, biological, etc.)

Total Time Allotted for Section IV

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
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V. SPECIALIZED WORK PROCEDURES

A. Hazardous Energy

1. Types (electrical, kinetic, potential, thermal and chemical)
2. Energized vs. de-energized
3. Control of Hazardous Energy

B. Lock-out/Tag-out

1. Overview and definitions
2. Roles and responsibilities
3. Procedures
 - a. Placing lock and/or tag -- Lockout, tag-out, verify
 - b. Group lockout (multiple workers)
 - c. Removing lock(s) or tag(s)
4. Coordination with authorized persons

C. Work Permits

1. Overview

2. Types			
a. Confined space			
b. Hot work			
c. Other (critical lifts, etc.)			
3. When work permits required			
4. Employee roles and responsibility			

D. Confined Space			
1. Examples of confined space			
2. Hazards			
3. Roles and responsibilities			
4. Procedures			
5. Training is required			

E. Working at Heights			
1. Overview			
2. Only work to your level of training			
3. Responsibilities – Prevention of dropped objects and falls			
4. Equipment for working at heights (manlifts, fall protection systems)			

F. Hoisting and Lifting			
1. Overview			
2. Personnel Hoisting			
3. Critical equipment/material lifts			

Total Time Allotted for Section V			
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
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VI. FIRE SAFETY				
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A. Overview of Fire Protection, Prevention, and Detection				
1. Fire triangle				
2. Storage of flammables & combustibles				
a. Ignition sources				
b. Classes of fires				
c. Extinguishing methods/Types of extinguishers				

B. Employee Responsibilities				
1. Report all fires and fire hazards immediately				
2. Be familiar with onsite fire protection				
3. Don't obstruct or block fire escape routes				
4. Don't tamper with fire extinguisher/apparatus				
5. Use fire extinguisher only if trained and authorized to do so				

6. Observe all precautions and procedures				
7. Participate in site specific fire drills				
8. Be aware of location and position of exit routes				
9. Know your responsibilities, station bill (muster list) and/or emergency evacuation plan				

Total Time Allotted for Section VI				
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
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VII. MATERIALS HANDLING

A. Mechanical Equipment

1. Rules to follow when working around cranes/cherry pickers/forklifts				
a. Do not stand/walk under a suspended load				
b. Do not position yourself between a suspended load and an immovable object				
c. Always maintain communication with the operator				
d. Always stand clear of lines and rigging				
e. Never ride on a load				
f. Be aware of your surroundings and always have a way out				
g. Pay attention to backup/movement alarms				
h. Understand dangers associated with electrical lines in close proximity				
i. Never operate a crane or forklift unless you are certified and authorized to do so				
j. Always use tag lines				
k. Inspect slings & rigging before each use				

B. Manual Material Handling

1. Personal Lifting Techniques and Back Protection				
2. Why back injuries occur/back injury prevention				
a. Review of lifting techniques				
b. Alternatives to lifting				

Total Time Allotted for Section VII				
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
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VIII. HEALTH & FIRST AID

A. General

1. In the event of injury, call for help and report injury to the person in charge				
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2. Be familiar with site specific first aid station locations			
3. Know location of emergency phone numbers			
4. Respond to the extent that you are trained			
5. Fit for duty			

B. Blood-borne Pathogens			
1. Definitions			
2. Precautions			
a. Avoid contact with blood or bodily fluids			
i. Use latex gloves or CPR barrier kits			
ii. Use care when handling used razor blades, needles or other sharp objects			
iii. Contaminated first aid materials (biohazards) must be properly handled in accordance with the site specific plan			
b. Report all exposures immediately			

C. Health & Adverse Weather			
1. Lightning			
2. Windstorms			
3. Hurricanes/Typhoon			
4. Tornados/Cyclone			
5. UV Exposure			
6. Snow & Ice			
7. Flooding			
8. Thermal Stress (heat stress, heat exhaustion, hypothermia, frostbite)			
9.			

D. Health & Wildlife, Insects, & Snakes			
1. Snakes			
2. Insects (e.g., wasps, bees, mosquitoes, etc.)			
3. Spiders, scorpions			
4. Wildlife (e.g., alligators, moose, bears, cougars, wolves, etc.)			
5. Rabid animals			

Total Time Allotted for Section VIII	
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
IX. RIG/PLATFORM ENVIRONMENT				
A. Platform or Location Arrival Procedures				
1. Use caution when using walkways (maintain good footing and balance)				

2. Keep one hand free to hold handrails				
3. Get help with baggage or make multiple trips				
4. Sign in at checkpoint with person in charge or dispatcher				

B. Home Away From Home				
1. Be prepared for unexpected extended stays				
2. Bring sufficient quantities of personal items				

C. Understand the Site-specific Orientation (Ask Questions if You Do Not Understand)				
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D. Simultaneous Operations				
1. Examples				
2. Precautions				

E. Security Awareness				
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Total Time Allotted for Section IX				
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
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X. EMERGENCY RESPONSE				
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A. Planning for Emergencies				
1. Plans and contingencies				
2. Short service employees				

B. When to Evacuate				
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C. Alarms				
1. Types				
a. Fire				
b. Blowout				
c. Abandon rig				
d. H ₂ S				
e. Combustible gas				
f. Man overboard (if applicable)				
g. All clear				
2. Actions to take				
a. Evacuation routes				
b. Locations of emergency equipment and muster areas				
c. Location of emergency contact information				

Total Time Allotted for Section X				
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
XI. WELLSITE ENVIRONMENTAL PROTECTION				
A. Overview				
1. Regulations and compliance				
B. Waste Management				
1. Types of waste				
2. Properly store waste (all waste goes into designated containers)				
a. Minimize waste				
b. Employee responsibilities				
C. Leaks, Spills, Releases				
1. Response and reporting				
D. Overview of HAZWOPER				
1. Only properly trained employees should respond to a hazardous material release/spill				
Total Time Allotted for Section XI				
Total Time Allotted for Sections I through XI				

OFFSHORE ENDORSEMENT

NOTE: The program self-study for Section XII and XIV is required only for those programs seeking to qualify for Offshore Endorsement

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
XII. TRANSPORTATION				
A. Arrival at Shorebase				
1. Check in with dispatcher or person in charge				
2. Inquire as to site specific orientation				
3. Identify carry-on baggage (weight, quantity, hazardous materials)				
4. Stand-by in designated waiting area until instructed to proceed by dispatcher or person in charge				
B. Helicopter Transportation				
1. The Pilot is in command and has complete authority				
2. Helicopter boarding and unboarding				
a. Board only when instructed to do so by pilot				
b. Avoid the main rotor and tail rotor				
c. Secure loose items and hats				
d. Keep all objects over 4 feet in the horizontal position				
e. Secure personal baggage in the baggage compartment. Never go aft of the baggage compartment.				
3. No smoking in and around helicopter				
4. Wear seat belt and the PFD provided in the helicopter				
5. Alert the pilot to anything unusual inside or outside the craft				
6. Be attentive during helicopter orientation				
C. Boat Transportation				
1. The captain is in command and has complete authority				
2. Wear your PPE when boarding or leaving the vessel				
3. Report to the vessel crew for seating assignment and baggage storage				
4. Study the vessel station bill and know your responsibilities in case of an emergency				
D. Swing Ropes				
1. Locations				
2. Types				
3. Use				
E. Personnel Baskets				
1. Description				
2. Procedures				

F. Arrival at the Rig/Worksite				
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Total Time Allotted for Section XII				
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
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XIII. WATER SAFETY				
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A. Personal Flotation Devices & Donning PFD				
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B. Survival Craft				
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C. Standby Rescue Vessel				
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Total Time Allotted for Section XIII				
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TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
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XIV. MARINE DEBRIS				
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A. Identification				
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B. Reporting				
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Total Time Allotted for Section XIV				
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Total Time Allotted for Sections XII through XIV				
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LAND ENDORSEMENT

NOTE: The program self-study for Sections XV - XVI is required only for those programs seeking to qualify for Land Endorsement

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOTTED
XV. EXCAVATION - TRENCHING & SHORING				
A. Regulatory Requirements				
B. Role of Site Worker, Competent Person				
C. Work Practices				
D. Hazards Relating to Excavation/Trenching Work				
1. Identification of underground hazards				
2. Call before digging (ONE CALL [811]) (as applicable)				
E. Methods of Protection from Excavation Hazards				
F. Use of Personal Protective Equipment				
G. Procedures Regarding Hazardous Atmospheres				
H. Emergency and Non-entry Rescue Procedures				
Total Time Allotted for Section XV				

XVI. PITS AND PONDS				
A. Types				
B. Purposes				
C. Safety Precautions When Working Around				
Total Time Allotted for Section XVI				

Total Time Allocated for Section XV and XVI				
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THE SECTION BELOW MUST BE FILLED OUT (ENTER COURSE TIME).

As listed on your application, please enter the total time for RigPass Core, Sections I-XI in Column A and the total time for Offshore Endorsement-Sections XII-XIV (required for SafeGulf) in Column B. If you are not applying for the Offshore Endorsement, please enter N/A. In Column C, enter the time for Land Endorsement Sections XV-XVI (if applicable). In column D, enter the sum of Columns A thru C to show total time for the entire course as listed in application.

	A. Sections I - XI	B. Sections XII - XIV	C. Sections XV - XVI	D. Total Course Length
ENTIRE COURSE TIME				
Total Time Allotted for ALL Sections				

Completed Worksheet

If OTHER (OTH) indicated in any of the above sections or N/A is used in designated sections, please explain.

Where Provided

How Instructed

How Documented/Measured

Additional Comments:

Part 3: INSTRUCTIONAL MATERIALS

In the space provided below, provide a brief description of any instructional materials used as a part of the applicant's orientation program that have been referenced in Part 2 (handouts, textbooks, audiovisual aids, etc).

Example: If an applicant marked "Video" in the "How Instructed" column in Part 2, details about the video used should be listed below.

Provide the following information for each item:

TITLE OR DESCRIPTION: List the title of the videotape, booklet or other material. If the item has no formal title, provide a short description of the contents.

TYPE: List the media format that applies to the item (i.e., videotape, slide/tape, handbook, manual, etc.).

SOURCE: Identify the producer, publisher, developer or other source from which the item was obtained. Materials developed in-house should be identified as such.

Title	Type	Source

Part 4: INSTRUCTORS

Use this section of the form to record your request for instructor(s) approval. You should list both instructors already approved to teach for your company and those instructors for which you are now seeking approval. Instructor's must be listed in alphabetic order by Last Name. If more space is needed, please put in an Excel or Word file and attach with application.

Section A is provided for listing instructors that are currently approved to provide HSE RigPass training for your company. Please list the instructor's name and IADC Certificate Number of certificate issued to the instructor at time of his approval by IADC. IADC staff will verify the approval status of each instructor you list in this section. No other application or evidence of approval is required. If an IADC certificate was not issued at the time an instructor was approved, indicate the date the instructor was approved in the IADC Certificate Number box.

Section B should be used for listing all new instructors for which you are requesting approval. DO NOT list instructors listed above in Section A.

Form SCO-05 should be appended to this application for each new instructor for whom you are requesting approval.

SECTION A - CURRENT APPROVED INSTRUCTORS

NAME	IADC CERTIFICATE NUMBER

SECTION B - NEW INSTRUCTORS NEEDING APPROVAL

List the name of each new instructor for whom you are requesting approval.

REMINDER: Form SCO-05 should be appended to this application for each new instructor.

