



**Competence Assurance Accreditation  
Site Visit Checklist & Report**

**Part 1 – Business Information**

**GENERAL SITE VISIT INFORMATION**

1. Date of Visit (DD-Month Spelled Out-YYYY):

2. Purpose of Visit (Choose Only One):

- Initial Site Visit                       Follow-up Visit                       Visit Made at Training Provider’s Request  
 Complaint Investigation                       Other:

3. Auditor’s Name:  
Auditor’s Company Name:

**SITE VISIT LOCATION & CONTACT INFORMATION**

1. Full Name of Company/Provider:

2. Full Name of Primary Contact for Site Visit:

Telephone Number:

3. Physical Street Address of Primary Location:

4. If additional training locations visited, specify Location and Address of additional sites:

5. Contact information in IADC Detailed Accreditation Report complete, correct, and up to date?  
 Yes     No

6. Corrective Actions (CA), if applicable? CA#:  
 a. Corrective Action issued to?     Company                       IADC



**Part 2 – Program Review**

**1.0 TRAINING & COMPETENCE POLICY AND PROCEDURES DOCUMENT**

*Person(s) Interviewed:*

<b>Requirement</b>	<b>Observation or Evidence of Satisfying Requirement</b> (If additional space is required, please use Notes page at the end of this document)	<b>Corrective Action #</b> (YY - ### - Auditor's Initials)
1.1 Published Competence Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
1.2 Competence Assurance Procedures document (sections required: overview, purpose, scope, responsibilities, and procedures)	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
<i>Key Words:</i>		
a. Authorizing signature		
b. Date approved		
c. Management endorsement & support		
d. Scope (geographical; personnel; stand-alone document or element of QMS)		
e. Process Flow		
f. Procedures Document Content		
g. Roles, Responsibilities, Authorities		
h. Communications		

**2.0 SCOPE OF COMPETENCE PROGRAM (Respond to either 2.1 or 2.2 as applicable to your program)**

*Person(s) Interviewed:*

<i>Requirement</i>	<i>Observation or Evidence of Satisfying Requirement</i> (If additional space is required, please use Notes page at the end of this document)	<i>Corrective Action #</i> (YY - ### - Auditor's Initials)
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**2.1 Identification of Applicable Job Positions (optional)**

2.1.1 List of job titles (included in program) with description	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
2.1.2 Description of each position	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
2.1.3 Give number of competencies within each system, describe how competencies are assigned for each position	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	

**2.2 Identification of Systems to which Competence Program Applies (optional)**

2.2.1 Identify and describe each product line or department included in program	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
2.2.2 Give number of competencies within each system, describe how competencies are assigned for each position	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
2.2.3 Describe any limitations of the competence program applicability including geographical and other limitations of program extent	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	

<i>Key Words:</i>		
a. Scope based on positions or competencies		
b. Requirements for the job		
c. Number of positions or percentage of employees included in program		
d. Required versus optional		

### 3.0 DEFINING COMPETENCIES

Person(s) Interviewed:

<b>Requirement</b>	<b>Observation or Evidence of Satisfying Requirement</b> (If additional space is required, please use Notes page at the end of this document)	<b>Corrective Action #</b> (YY - ### - Auditor's Initials)
3.1 Process of defining competencies	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
3.2 Method of approving competencies	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
3.3 Process for reviewing and revising competencies	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
<b>Key Words:</b>		
a. Flowchart		
b. Internal versus external standards		
c. Position or System approach		
d. Process, procedures documented		
e. Who defines		
f. How defined		
g. Who approves		
h. How approved		
i. Frequency of review		
j. Who performs review		
k. Who makes revisions		
l. How are revisions incorporated into program		

## 4.0 COMPETENCE ASSESSMENT

*Person(s) Interviewed:*

<b>Requirement</b>	<b>Observation or Evidence of Satisfying Requirement</b> (If additional space is required, please use Notes page at the end of this document)	<b>Corrective Action #</b> (YY - ### - Auditor's Initials)
4.1 Assessment procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
4.2 Assessors and their qualifications	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
<i>Key Words:</i>		
a. Scope		
b. Assessor qualifications		
c. Competence levels		
d. Methods (observation, simulation questioning, records)		
e. Timing/frequency		
f. Assessment checklist		
g. Records		
h. Feedback		
i. Achieving competence		
j. Re-assessment		

## 5.0 COMPETENCE ASSESSMENT TRACKING SYSTEM

*Person(s) Interviewed:*

<b>Requirement</b>	<b>Observation or Evidence of Satisfying Requirement</b> (If additional space is required, please use Notes page at the end of this document)	<b>Corrective Action #</b> (YY - ### - Auditor's Initials)
5.1 System for tracking individuals' performances, competences	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
5.2 Records to be kept	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
5.3 Reports of individual's competence assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
<b>Key Words:</b>		
a. Required competencies		
b. Individual assessment records		
c. Tracking assessments		
d. Security		
e. Reports		

## 6.0 RESOURCES TO SUPPORT COMPETENCE ASSESSMENT PROCESS

*Person(s) Interviewed:*

<b>Requirement</b>	<b>Observation or Evidence of Satisfying Requirement</b> (If additional space is required, please use Notes page at the end of this document)	<b>Corrective Action #</b> (YY - ### - Auditor's Initials)
6.1 Personnel Required	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
6.2 Physical Resources (as applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
6.3 Electronic and Other Support Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
<i>Key Words:</i>		
a. Job Skills requirements		
b. Internal and external standards		
c. License or certification requirements (school, employee)		
d. Training facilities		
e. Equipment		
f. Training programs & materials		
g. Assessors, Instructors, Mentors, Coaches		
h. Records		
i. Support systems		
j. Third-party training providers		



## 7.0 QUALITY ASSURANCE

*Person(s) Interviewed:*

<b>Requirement</b>	<b>Observation or Evidence of Satisfying Requirement</b> (If additional space is required, please use Notes page at the end of this document)	<b>Corrective Action #</b> (YY - ### - Auditor's Initials)
7.1 Audits	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
7.2 Verify compliance with Policy and Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
7.3 Responding to non-conformities	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
7.4 Corrective Action	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
7.5 Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:  <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
<b>Key Words:</b>		
a. Internal audits		
b. External audits		
c. Frequency		
d. Auditors		
e. Checklist		

f. Corrective action	
g. Verification	
h. Metrics	
i. Employee feedback	
j. Responsible person	

**CONCLUDING COMMENTS**

List any other observations or comments that may be relevant to the accreditation status of this program. Include any noteworthy efforts, recommendations or suggestions for improvement.

FINDINGS (requiring corrective action):

NOTEWORTHY EFFORTS:

OPPORTUNITIES FOR IMPROVEMENT:

**FINDINGS (Require Corrective Action)**

<b>CA#:</b>	<b>Non-conformance:</b>	<b>Issued to:</b>
		<input type="checkbox"/> Company <input type="checkbox"/> IADC
		<input type="checkbox"/> Company <input type="checkbox"/> IADC
		<input type="checkbox"/> Company <input type="checkbox"/> IADC
		<input type="checkbox"/> Company <input type="checkbox"/> IADC
		<input type="checkbox"/> Company <input type="checkbox"/> IADC
		<input type="checkbox"/> Company <input type="checkbox"/> IADC

**Part 3 – Recommendations**

**RECOMMENDATION FOR ACCREDITATION (Applicable for Initial Site Visit only)**

- Issue Full Accreditation
- Issue Full Accreditation upon successful resolution of Corrective Actions
- Withhold Accreditation

**RECOMMENDATION FOR CONTINUATION OF ACCREDITATION (Applicable for All Site Visits after the initial visit)**

- Continue Full Accreditation
- Continue Full Accreditation, but resolve the following non-conformities immediately:  
(A Corrective Action Form must be completed for each item listed.)
- Withdraw Accreditation

**SIGNATURE OF SITE VISITOR**

Auditor's Signature: \_\_\_\_\_

Auditor's Printed Name: \_\_\_\_\_

Date the Auditor Signed this Document: \_\_\_\_\_

**IADC Office Use Only**

Date IADC Received Report: \_\_\_\_\_

CA number(s) assigned (if applicable): \_\_\_\_\_

Forwarded to Panel for Action (if applicable)?  Yes  No  N/A If yes, date: \_\_\_\_\_

Updated Audit Log?  Yes  No If yes, date: \_\_\_\_\_

Updated CA Log:  Yes  No If yes, date: \_\_\_\_\_

QA Reviewer: \_\_\_\_\_

## Additional Notes

**Instructions:** Use this page to record any additional information that was not included within the form due to space restrictions. Be sure to note the section number that the added text pertains to.