



DIT Audit Report

Part 1 – Business Information

General Audit Information

1. Date of Audit (DD-Month Spelled Out-YYY):

2. Purpose of Audit (Choose Only One):

- Initial Audit Follow-up Audit Audit Made at Training Provider's Request
 Complaint Investigation Other:

3. Auditor's Name:

4. Auditor's Company Name:

Audit Location & Contact Information

1. Full Name of Company/Provider:

2. Full Name of Primary Contact for Audit:

3. Primary Contact Email:

4. Administrative Contact Email:

5. Physical Street Address of Primary Location:

6. If additional training locations audited, specify Location and Address of additional sites
(If applicable, include city, state & country):

Other

1. Corrective Actions (CA) from last audit (if applicable)? CA#:

- a. Has CA been closed? Yes No
b. Evidence of CA implementation? Yes No

List Evidence:

Program Changes

1. Has the company made revisions to the course since the last audit? Yes No

2. Is the information contained in the Accreditation Report complete and up to date? Yes No
(If no, denote on Accreditation Report what needs to be updated.)

- a. Is corrective action warranted? Yes No
b. Corrective Action to be issued to: Company IADC
c. CA#:

Part 2 – Program Review

2.1 Course Design and Delivery

Person(s) Interviewed:

2.1.1 Course Title

<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
Course title properly reflects course content.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement:		
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

2.1.2 Course Category

<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
Course category reflects primary focus of course content.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement:		
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

2.1.3 Course Description

<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
Brief course description states the purpose, scope and focus in detail.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement:		
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

2.1.4 Target Audience

<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
Recommended attendees are specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement:		
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

Recommended course level specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
2.1.5 Course Objectives		
Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
The participants understanding and ability to demonstrate by end of course is communicated through a summary or overview of course objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
Each session or module is defined.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
Each session or module has a syllabus or outline listing specific learning objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
Each session or module is compatible with the target audience specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
Each session or module is compatible with the course level specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

2.1.6 Method(s) of Delivery

- Classroom or laboratory/workshop – Instructor Led
 Web-based or other distance learning product
 DIT-01E Submitted (if applicable)

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
Course length and method(s) of delivery are specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]
Course length and method(s) of delivery are consistently maintained.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]
All design criteria for DIT e-Learning delivery are met. (Refer to DIT-01E).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]

2.1.7 Resources and Procedures to Support Course and Program

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
Facilities and equipment are appropriate for the defined learning objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]
Facilities and equipment are available for course delivery and assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]

Resources available for the execution of this course are described.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

Safety procedures are used during the delivery and assessment (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

Personal protective equipment is used during delivery and assessment (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

Equipment maintenance plan is in place to verify proper working condition of equipment prior to use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

2.1.8 Instructor's Manual

<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
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Instructor's manual and other training resources such as, student handouts, exercises and other reference materials are used during delivery of the course.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

Instructor's manual and other training resources are readily available at each training location.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

Instructor's manual and other training resources are consistently used during delivery of each course offering.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

2.1.9 Instructor and Facilitator Qualifications

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # <input type="text"/> YY - <input type="text"/> ### - <input type="text"/> Initials
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Minimum qualifications for instructors and/or facilitators of the course are defined.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

Course is delivered only by persons meeting the qualifications, as defined in application.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

2.2 Student Assessment

Person(s) Interviewed:

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # <input type="text"/> YY - <input type="text"/> ### - <input type="text"/> Initials
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A course assessment is given.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

Process by which students' performance in the course will be assessed is described.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

The method(s) of assessment are appropriate for course content, target audience, course level, and student learning objective.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

The minimum passing grade is appropriate for course content, target audience, course level, and student learning objective.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

The process of when assessments are to take place is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

The person responsible for performing assessments is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

The process of what records to be retained to document the assessment is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

2.3 Certificate Issuance

Person(s) Interviewed:

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
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Upon completion of course and passing all required assessments for the course, participants are immediately issued an IADC Certificate of Completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

A copy of each certificate issued is retained.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

Copies of all training records supportive of issuing each certificate is retained.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

2.4 Administration and Process Control

Person(s) Interviewed:

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # <input type="text"/> YY - <input type="text"/> ### - <input type="text"/> Initials
General procedures for the administration of the accredited program and delivery of the course are specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

The general procedure process includes, at a minimum: <ul style="list-style-type: none"> • Listing of records to be kept • Measures taken to secure records to include storage, access, retrieval, and disposal • Retention policy of a minimum of five (5) years • Student assessment procedures • Certificate issuance procedures • Uploading of training records to IADC 	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Observation/Evidence/Opportunity for Improvement:	
<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

2.5 Audits (No action is required for this item).

2.6 Quality Assurance

Person(s) Interviewed:

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
Training provider has a process in place for routinely reviewing the course content and course delivery system.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: []-[]-[]
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
The process includes assignment of responsibility for review.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: []-[]-[]
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
The process includes procedures for reviewing and updating content or delivery system as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: []-[]-[]
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
The process includes reporting of program modifications to IADC.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: []-[]-[]
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
The process used to audit or verify, report, and respond to discrepancies or otherwise determine compliance with Training Course and Procedures are described.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: []-[]-[]
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
Person(s) responsible for Quality Assurance are identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: []-[]-[]
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		

<p>Qualifications for person(s) responsible for Quality Assurance are identified</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
<p>Observation/Evidence/Opportunity for Improvement:</p> <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
<p>Frequency of internal audits is identified.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
<p>Observation/Evidence/Opportunity for Improvement:</p> <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
<p>Findings from audits, surveys, and feedback used to improve the Training Course and Procedures are explained.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
<p>Observation/Evidence/Opportunity for Improvement:</p> <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
<p>Frequency of findings reviewed is identified.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
<p>Observation/Evidence/Opportunity for Improvement:</p> <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
<p>Person responsible for the review is identified.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
<p>Observation/Evidence/Opportunity for Improvement:</p> <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
<p>Implementation and communication of changes is identified.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
<p>Observation/Evidence/Opportunity for Improvement:</p> <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
<p>2.7 Schedule of Fees (No action is required for this item.)</p>		

2.8 Accreditation Procedures		
<i>Person(s) Interviewed:</i>		
Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
Primary location for the training provider's accreditable unit has Internet access.	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
2.9 Disciplinary Actions against Training Providers (No action is required for this item.)		
2.10 Disciplinary Actions against Instructors (No action is required for this item.)		
2.11 Attestation & Agreement (No action is required for this item.)		
2.12 Decision to Accredite (No action is required for this item.)		
2.13 Program Promotion		
<i>Person(s) Interviewed:</i>		
Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
Processes are in place to assure that all representatives of the organization appropriately represent the DIT program (i.e., no false advertising of the program).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
2.13.1 Logo Usage (No action is required for this item.)		
2.13.2 Promotional Materials		
Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
Under each use of the DIT logo, is the wording "Content of the course is not vetted as part of the DIT accreditation" reflected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)		
2.14 Accreditation Period (No action is required for this item.)		

Concluding Comments

List any other observations or comments that may be relevant to the accreditation status of this company. Include noteworthy efforts, recommendations, or suggestions for improvement, as well as corrective actions required.

Noteworthy Efforts:

Opportunities for Improvement:

FINDINGS (Requires Completion of Form ACD-63)

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

Part 3 - Recommendations

Recommendation for Accreditation—Initial Accreditation. (Complete this section for initial audit only.)

Choose Only One:

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

Recommendation for Continuation of Accreditation. (Complete this section for all audits after the initial audit.)

Choose Only One:

- Continue Full Accreditation
- Move from Conditional to Full Accreditation
- Place Program on Probation (Please give reasons):

Comment:

- Withdraw Accreditation (Please give reasons):

Comment:

Signature of Auditor

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): _____

Updated Audit Log? Yes No If yes, date: _____

Updated CA Log: Yes No If yes, date: _____

QA Reviewer: _____

Notes:

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 to which the added text pertains.

Section **Additional Comments**

Topic

Section **Additional Comments**

Topic

Section **Additional Comments**

Topic

Section **Additional Comments**

Topic