



**IADC
GATEWAY**

IADC Gateway® Audit Report

GTW-61

Part 1—Business Information

1.1 General Audit Information
1. Date of Audit (DD-Month Spelled Out-YYYY):
2. Purpose of Audit: <input type="checkbox"/> Initial Audit <input type="checkbox"/> Follow-up Audit <input type="checkbox"/> Audit Made at Training Provider's Request <input type="checkbox"/> Complaint Investigation <input type="checkbox"/> Other:
3. Auditor's Name:
4. Auditor's Company Name:
1.2 Audit Location & Contact Information
1. Full Name of Company/Organization:
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):

1.3 Program Changes

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

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.)

Is corrective action warranted? Yes No

Corrective Action to be issued to: Company IADC

CA#:

1.4 Previously Issued Corrective Action (CA)

Corrective Action (CA) from last audit, if applicable? N/A Yes If yes, CA#:

a. Has CA been closed? Yes No

b. Evidence of CA implementation? Yes No List evidence below:

Corrective Action (CA) from last audit, if applicable? N/A Yes If yes, CA#:

a. Has CA been closed? Yes No

b. Evidence of CA implementation? Yes No List evidence below:

Corrective Action (CA) from last audit, if applicable? N/A Yes If yes, CA#:

a. Has CA been closed? Yes No

b. Evidence of CA implementation? Yes No List evidence below:

1.5 Persons Interviewed

Name:	Title:

Part 2—Training Program Requirements

Requirements listed in this section are detailed in GTW-01 (Gateway Handbook of Accreditation), GTW-03 (Gateway Application), GTW-03F (Facility Information), and GTW-02V-IOG (Intro to Oil and Gas Course Verification Form). Content that is covered in multiple sections is included only once, in the most appropriate section of this form, to avoid redundancy.

2.1 Provider Information

Person(s) Interviewed:

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
6.11B	Is there a central management and admin location where training records are housed? (GTW-03)	<input type="checkbox"/> Yes <input type="checkbox"/> No Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>

2.2 Pre-Screening Requirements

Person(s) Interviewed:

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
3.0	Is there a process for interviewing the candidates and for evaluating the responses? (GTW-02V)	<input type="checkbox"/> Yes <input type="checkbox"/> No Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
3.1A	Are the IADC-required questions included in the candidate interviews? (GTW-02V)	<input type="checkbox"/> Yes <input type="checkbox"/> No Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>

6.3	Is there a process for requiring candidates to provide a valid government-issued ID? (GTW-03)	<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)	
3.2A	Are the IADC-required background checks conducted? (GTW-02V)	<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)	
3.2D	Is the IADC-required drug screening conducted? (GTW-02V)	<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)	
3.3A, B, C; 3.5	Is there a policy/process that ensures candidates complete the required pre-course WorkKeys, and any other required screening assessments? (GTW-02V)	<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)	
3.3E; 3.5	Is there a policy/process for scoring or evaluating the required pre-course WorkKeys, and any other required screening assessments? (GTW-02V)	<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)	
3.4	Is there a policy/process for administering Fit-to-Train requirements and for assessing a candidate's fitness for entry into the program? (GTW-02V)	<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)	

2.3 Course Design & Delivery

Person(s) Interviewed:

2.3.1 Course Name and Language

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
2.1	Does the course name match the name provided to IADC? (GTW-03)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]
Observation/Evidence/Opportunity for Improvement:			

2.3.2 Course Length

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
6.12	Does this course meet or exceed the required length of time? (GTW-02V)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]
Observation/Evidence/Opportunity for Improvement:			

2.3.3 Course Delivery

Person(s) Interviewed:

Mode of Delivery (check all that apply):

- Classroom – Instructor Led Classroom – Facilitator Led
 E-Learning

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
2.6	Does the institution use a variation in the modes of content delivery?(GTW-01)	<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#: []-[]-[]
Observation/Evidence/Opportunity for Improvement:			

2.4 Facilities & Equipment

Person(s) Interviewed:

2.4.1 Classrooms

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
3	Does the submitted classroom floor plan match the physical characteristics of the facility? (GTW-03F)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
		Observation/Evidence/Opportunity for Improvement:	
		<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
3.2A	If offsite facilities are used for training or assessment, have the accurate addresses for those locations been submitted to IADC? (GTW-03)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CA#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
		Observation/Evidence/Opportunity for Improvement:	
		<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
4	If Simulators are to be used, is a maintenance plan, the number of simulators and details for each simulator provided? (GTW-03F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CA#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
		Observation/Evidence/Opportunity for Improvement:	
		<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
4	If additional equipment is to be used, was it listed and a maintenance plan provided for each piece? (GTW-03F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CA#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
		Observation/Evidence/Opportunity for Improvement:	
		<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
4	If equipment is used by other programs, is there a policy for ensuring proper working condition of equipment? (GTW-03F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CA#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
		Observation/Evidence/Opportunity for Improvement:	
		<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
4	Was the safety and testing procedure for equipment provided? (GTW-03F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CA#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
		Observation/Evidence/Opportunity for Improvement:	
		<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	

2.5 Qualifications of Instructors

Person(s) Interviewed:

2.5.1 General Requirements

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
4.1	Does the institution have required instructor qualifications that are written, followed, and verified? (GTW-03)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
		Observation/Evidence/Opportunity for Improvement:	
		<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
5.1A	Is evidence of IADC RigPass instructor approval provided? (GTW-02V)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
		Observation/Evidence/Opportunity for Improvement:	
		<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	
5.1A	Is evidence of IADC WellSharp instructor approval provided? (GTW-02V)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
		Observation/Evidence/Opportunity for Improvement:	
		<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	

2.6 Trainee Assessment Process

Person(s) Interviewed:

2.6.1 Knowledge Assessment

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
5.1C	Does the institution provide a comprehensive final exam at the end of the course? (GTW-03)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CA#: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
		Observation/Evidence/Opportunity for Improvement:	
		<input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	

2.6.2 Skills Assessment			
#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
4.2B	Does the institution have evidence of assessing the required hands-on content delivery? (GTW-02V)	<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#: []-[]-[]
		Observation/Evidence/Opportunity for Improvement:	
5.2E	Do the skill assessments factor into the trainee's final course grade? (GTW-03)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]
		Observation/Evidence/Opportunity for Improvement:	
2.6.3 Reassessment Policy			
#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
5.1J	If trainees are allowed to retake, is there a stated policy for who is allowed to retake the final exam? (GTW-03)	<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#: []-[]-[]
		Observation/Evidence/Opportunity for Improvement:	
2.7 Administration and Process Control			
<i>Person(s) Interviewed:</i>			
2.7.1 Standard Operating Procedures			
#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
6.1	Are written procedures in place and followed for registering trainees in the course? (GTW-03)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]
		Observation/Evidence/Opportunity for Improvement:	

2.9.7	Is there a management of change process/policy in place? (GTW-01)	<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)			

2.7.2 Gateway Quality Statement and Comment Policy

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
2.6.4	Is the Gateway Quality Statement and Comment Policy (Form ACD-67) distributed to all trainees at the beginning of the Gateway course? (GTW-01)	<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)			

2.7.3 Certificate Issuance

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
2.9.3	Does the training provider immediately issue an IADC Certificate of Completion to each trainee that has completed the course and passed all required assessments? (GTW-01)	<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)			

2.9.3	Does the training provider retain copies of program issued certificates (i.e., Gateway, RigPass, WellSharp)? (GTW-01)	<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)			

2.9.3	Does the training provider retain records supportive of issuing the certificate? (GTW-01)	<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)			

2.7.4 Records			
#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
2.9.9	Are records maintained at the training provider's primary location as indicated in their application? (GTW-01)	<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)	
2.9.9	Are records 1) complete, 2) accurate, 3) readily accessible at time of audit, and 4) secure? (GTW-01)	<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)	
2.9.7	Are records of decisions maintained as a result of the management of change process? (GTW-01)	<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)	
2.9.9	Are instructor evaluation and review records maintained? (GTW-01)	<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)	

2.8 Quality Assurance

Person(s) Interviewed:

2.8.1 Responding to Non-Conformities

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
2.9.10	Are processes in place for responding to non-conformities identified during audits and assuring corrective and preventive actions are fully implemented in a timely manner? (GTW-01)	<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)	

2.8.2 Monitoring and Implementation of Program Changes

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
1.9	Primary location for the training provider's accreditable unit has Internet access? (GTW-01)	<input type="checkbox"/> Yes <input type="checkbox"/> No Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]
2.9.7	Have program changes been appropriately communicated to IADC (e.g., business structure, course content or delivery, program administrator, contact information, training location, a merger)? (GTW-01)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]
2.9.7; 4.3	Are processes in place for monitoring Gateway program updates and assuring updates are implemented? (GTW-01)	<input type="checkbox"/> Yes <input type="checkbox"/> No Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]

2.8.3 Logo Usage and Other Processes

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
2.9.11	Is the training provider using the Gateway logo appropriately, based on IADC logo policy? (GTW-01)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: []-[]-[]

2.9 Exceptions and Variations to These Criteria

Person(s) Interviewed:

#	Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
2.13	Have all variances or exceptions to program requirements been submitted to IADC through form GTW-14? (GTW-01)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Observation/Evidence/Opportunity for Improvement: <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>

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, 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

Part 3—Recommendations

Recommendations for Accreditation (Applicable to initial audit only.)
Choose Only One: <input type="checkbox"/> Issue Full Accreditation <input type="checkbox"/> Issue Full Accreditation upon successful resolution of Corrective Actions <input type="checkbox"/> Withhold Accreditation
Recommendations for Continuation of Accreditation (Applicable to all audits after the initial audit.)
Choose Only One: <input type="checkbox"/> Continue Full Accreditation <input type="checkbox"/> Continue Full Accreditation, but resolve the following non-conformities immediately: (A Corrective Action Form must be completed for each item listed.) <input type="checkbox"/> Withdraw Accreditation
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 that the added text pertains to.

Section:

Additional Comments:

Section:

Additional Comments:

Section:

Additional Comments:

Section:

Additional Comments:

Section:

Additional Comments: