





**Part 2 – Program Review**

**2.0 Curriculum & Delivery of Training**

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
2.1 Adherence to current Rig Pass Curriculum	<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 Minimum Course Duration: 8 hours (Minimum 6 hrs. for Core plus remainder of time for Offshore or Land endorsement)	<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 Method(s) of Instruction 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)		
2.4 Training Resources Available and Documented	<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 Additional Requirements for E-Learning Course Design and Software (e.g., Disclaimer – Course Self-Paced, Disclaimer – Course Compliance, Secured Log-in, All Modules Completed Sequentially without Skipping or Fast Forwarding, Knowledge Checks with Remediation in Each Module)	<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)		

<b>3.0 Training Facility</b>		
<i>Person(s) Interviewed:</i>		
<b>Requirement</b>	<b>Requirement Satisfied? Observation or Evidence that Supports Response</b>	<b>Corrective Action (CA) #</b> YY - ### - Initials
3.1 Training Site(s) as approved	<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)		
3.2 Suitable Facilities and Equipment	<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)		
3.2.1 Equipment and Facilities Sufficient to Provide Safe, Secure Web Delivery of Training	<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)		
<b>4.0 Instructor/Facilitator Qualifications</b>		
<i>Person(s) Interviewed:</i>		
<b>Requirement</b>	<b>Requirement Satisfied? Observation or Evidence that Supports Response</b>	<b>Corrective Action (CA) #</b> YY - ### - Initials
4.1 Approved Instructors/Facilitators	<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)		
4.2 Record of Qualifications	<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)		



6.0 Certificates of Completion		
<i>Person(s) Interviewed:</i>		
<b>Requirement</b>	<b>Requirement Satisfied? Observation or Evidence that Supports Response</b>	<b>Corrective Action (CA) #</b> YY - ### - Initials
6.1 Card of Custom Completion Issued (e.g., Standard IADC Card, or Custom Card)	<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)		
6.2 Required Information Supplied	<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)		
6.3 Authorizing Person	<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)		
7.0 Records & Administration		
<i>Person(s) Interviewed:</i>		
<b>Requirement</b>	<b>Requirement Satisfied? Observation or Evidence that Supports Response</b>	<b>Corrective Action (CA) #</b> YY - ### - Initials
7.1 Administrative Processes to Assure Conformance to Criteria	<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)		
7.2 Required Records Retained (e.g., Course Registration, Student Training & Assessment, Card of Completion, Class Rosters, Additional/Alternate Electronic Records Specific to E-Learning Delivery Retained (test, start/end time, etc.) and Available for Audit)	<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)		

7.3 Records Retention 5 Years	<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)		
7.4 Timely Reporting 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)		
7.5 HSE Rig Pass Quality Statement & Comment Policy Handed Out to Students in Class	<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)		
7.6 Technical Support Provided (i.e., live support, approved instructor available to answer questions, list of frequently asked questions)? <i>Specific to E-Learning delivery</i>	<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)		

**8.0 Quality Control**

*Person(s) Interviewed:*

<b>Requirement</b>	<b>Requirement Satisfied? Observation or Evidence that Supports Response</b>	<b>Corrective Action (CA) #</b> YY - ### - Initials
8.1 Processes for Verification of Student Identity, Control of Student Records, Monitoring/Implementing IADC Program Changes, Security of Tests, Answer Sheets, and Required Records, Responding to Non-conformities, Corrective Actions and Preventive Actions	<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)		
8.2 Other Processes? (as applicable)	<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)		

### Concluding Comments

List any other observations or comments which may be relevant to the accreditation status of this program. Include any noteworthy efforts, recommendations or suggestions for improvement, and 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 for Initial Audit Only)**

Choose Only One:

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

**Recommendations for Continuation of Accreditation (Applicable to 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):

**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**