



WELLCAP PLUS AUDIT REVIEW CHECKLIST
FORM WCP-61

PROGRAM NAME:

In order for a WellCAP Plus Training Program to be fully Accredited the Training Program must undergo an Audit during the first two years of the Program. This audit will consist of two phases – a review of the methodology or how the facilitator brings the program together and maintains control of the Program and the discussion groups, and how well the Program Manager maintains the required recordkeeping and reporting of records to the IADC. This checklist is to aid the auditor in preparing a uniform and unbiased audit report. It is not expected that the auditor will participate in any discussions or programs, but will act as an observer. The auditor will also review all required documentation and files at such time as is convenient with the program manager. The program manager will make all files accessible for the auditor.

Part 1—General Audit Information

GENERAL INFORMATION

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

2. Purpose of Audit:

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

5. Full Name of Company/Provider:

6. Full Name of Responsible Person for Audit

(The Responsible Person is the person listed on WCP-03 as the person within the company that has authority to make decisions about the accreditation program.)

Name:

7. Primary location(s) audited (include street address, city, state, & country):

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

9. Is all information in the IADC Detailed Accreditation Report complete, accurate, and up to date?

Yes No

Comment:

See Additional Notes page See attachment(s) for edits

Part 2—Program Requirements

FACILITATOR/INSTRUCTOR OBSERVATION

1. **Did at least one Facilitator have a current certification from an approved IADC Train-the-Trainer Facilitation Certification Course?**

Yes No

See Additional Notes page See attachment(s) CA#: --

2. **Was at least one certified Facilitator and one approved Well Control Instructor present during training?**

Yes No

See Additional Notes page See attachment(s) CA#: --

3. **Did the Well Control Instructor facilitate no more than 25% of the training?**

Yes No

See Additional Notes page See attachment(s) CA#: --

3b. Was the certified Facilitator present while the Well Control Instructor facilitated the portion of training?

Yes

No

See Additional Notes page

See attachment(s)

CA#: --

4. For each facilitator/instructor, answer the following: (Explain any "No" answers below)

Facilitator/Instructor # 1 observed:

A. Were the facilitator/instructor(s) listed in the program application?

Yes

No

N/A

B. Were the facilitator/instructor(s) using a lesson plan or curriculum outline?

Yes

No

N/A

C. Did he seem to satisfactorily transfer knowledge?

Yes

No

N/A

Facilitator/Instructor # 2 observed:

A. Were the facilitator/instructor(s) listed in the program application?

Yes

No

N/A

B. Were the facilitator/instructor(s) using a lesson plan or curriculum outline?

Yes

No

N/A

C. Did he seem to satisfactorily transfer knowledge?

Yes

No

N/A

See Additional Notes page

See attachment(s)

CA#: --

LESSON OBSERVATION

Auditor should ask facilitator for agenda and class exercise outlines.

Was auditor present on Day 1? Yes No N/A

5. **Were groups broken into smaller three to five person teams such that each team can function independently with minimum interference from other teams?** (WCP-01)

Yes No (explain below)

See Additional Notes page See attachment(s) CA#: --

6. **Verify following class procedures:**

(Each program will vary in details and class procedures – no right way, no wrong way)

A. On Day One, was the entrance exam conducted?

Yes No N/A

B. On Day One, did Facilitator define course expectations?

Yes No N/A

C. On Day One, were participants exposed to a problem solving mini-Exercise?

Yes No N/A

See Additional Notes page See attachment(s) CA#: --

DAYS TWO, THREE, and FOUR

Days 2, 3, & 4 will be devoted to Well Control Exercises with Participants working in Teams

DAY 2

Was auditor present on Day 2? Yes No N/A

7a. **Was Exercise 1 based on a realistic situation?**

Yes No

7b. **Did Exercise 1 have at least 2 decision points?**

Yes No

7c. **Were the decision points timed appropriately within the Exercise?**

Yes No

7d. **Was Exercise 1 developed with complete and relevant well data?**

Yes No

7e. **After each decision point presentation, did the Facilitator explain what actually happened in the situation the exercise was based on?**

Yes No

7f. **After each decision point presentation, were the teams presented with a well status update relative to the timetable of the Decision Point just completed for consideration when working the next decision point?**

Yes No

See Additional Notes page See attachment(s) CA#: --

DAY 3

Was auditor present on Day 3? Yes No N/A

8a. **Was Exercise 2 different and progressively more challenging than Exercise 1?**

Yes No

8b. **Was Exercise 2 based on a realistic situation?**

Yes No

8c. **Did Exercise 2 have at least 2 decision points?**

Yes No

8d. **Were the decision points timed appropriately within the Exercise?**

Yes No

8e. **Was Exercise 2 developed with complete and relevant well data?**

Yes No

8f. **After each decision point presentation, did the Facilitator explain what actually happened in the situation the exercise was based on?**

Yes No

8g. **After each decision point presentation, were the teams presented with a well status update relative to the timetable of the Decision Point just completed for consideration when working the next decision point?**

Yes No

See Additional Notes page See attachment(s) CA#: --

DAY 4

Was auditor present on Day 4? Yes No N/A

9a. Was Exercise 3 different and progressively more challenging than Exercise 1 and 2?

Yes No

9b. Was Exercise 3 based on a realistic situation?

Yes No

9c. Did Exercise 3 have at least 2 decision points?

Yes No

9d. Were the decision points timed appropriately within the Exercise?

Yes No

9e. Was Exercise 3 developed with complete and relevant well data?

Yes No

9f. After each decision point presentation, did the Facilitator explain what actually happened in the situation the exercise was based on?

Yes No

9g. After each decision point presentation, were the teams presented with a well status update relative to the timetable of the Decision Point just completed for consideration when working the next decision point?

Yes No

See Additional Notes page See attachment(s) CA#: --

10. Was the course roster completed by ALL participants EACH day?

Yes No (Explain below)

See Additional Notes page See attachment(s) CA#: --

11. Was the Course Attendance Roster available and filled in correctly? *Note: Attendance at ALL course segments is mandatory and must be recorded in the course roster.*

Yes No (Explain below)

See Additional Notes page See attachment(s) CA#: --

OFFICE & ADMINISTRATION

12. Was the minimum requirement of 6 participants met?

Yes No

See Additional Notes page See attachment(s) CA#: --

13. **Were copies of previous qualifying certificates available?** Explain any "No" answers

Yes No

See Additional Notes page See attachment(s) CA#: --

14a. **Was at least one (1) of the previous qualifying certificates valid, or the participant is currently involved in relevant operations?**

Yes No

See Additional Notes page See attachment(s) CA#: --

15. **Did participants take an entrance exam?**

Yes No N/A

See Additional Notes page See attachment(s) CA#: --

15a. **If the participants failed the entrance exam, did they pass the re-test before the end of the WellCAP Plus course?**

Yes No N/A

See Additional Notes page See attachment(s) CA#: --

15b. If participants did not take an entrance exam, was there evidence of a pre-qualification written test or certification of prior test within the previous 90 days?

Yes No N/A

See Additional Notes page See attachment(s) CA#: --

16a. Were Participants given Participant Feedback Forms?

Yes No N/A

See Additional Notes page See attachment(s) CA#: --

16b. Were Participant Feedback Forms collected and submitted to IADC within 30 days of course completion?

Yes No N/A

See Additional Notes page See attachment(s) CA#: --

17. Was the certification issued at the same level and type coverage as their current supervisor certificate?

Yes No

See Additional Notes page See attachment(s) CA#: --

NOTE: Course and student records MUST be retained as per WellCAP requirements – WCT-1

18. Auditor will also review Permanent Records which will include, for ALL prior Participants who were given a WellCAP Plus Certificate, their Participant Name, Completion Date, Expiration Date, WellCAP Plus Certificate Number, and the level and type coverage of the certificate that the Drilling Supervisor came into the WellCAP program.

Were Permanent Records available for review and complete?

Yes No N/A

See Additional Notes page See attachment(s) CA#: --

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 |
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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

Comment:

- Place Program on Suspension—Check one or more of the following reasons for probation:
 - Company failed to deliver a portion of the required course content
 - Company failed to deliver appropriate simulator exercises
 - Company failed to deliver:

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):

Audit Log updated? **Yes** **No** **If yes, date:**

CA Log updated: **Yes** **No** **If yes, date:**

QA Reviewer:

Notes:

Additional Notes

Instructions: Use this page to record 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

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