



IADC
WELLCAP

WellCAP Audit Report

WCT-61

Part 1—General Audit Information

General 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"/> Complaint Investigation	<input type="checkbox"/> Other:
<input type="checkbox"/> Audit Made at Training Provider's Request	
3. Auditor's Name:	
4. Auditor's Company Name:	
Audit Location & Contact Information	
1. Full Name of Company/Provider:	
2. Full Name of "Responsible Person":	
<i>(The Responsible Person is the person listed on WCT-03 as the person within the company that has authority to make decisions about the accreditation program.)</i>	
3. "Responsible Person" Email:	
4. Administrative Contact Email:	
5. Primary location(s) audited (include street address, city, state, & country):	
6. If additional training locations audited, specify Location and Address of additional sites (If applicable, include street address, city, state, & country):	

Part 2—Program Requirements

2.0 Curriculum		
<p>If more than one course reviewed, each must be on a separate sheet.</p> <p><i>Name of Course Reviewed :</i></p> <p><i>Course Level and Stack Qualifications (Choose only 1):</i></p> <p><input type="checkbox"/> Course observed</p> <p><input type="checkbox"/> Course not observed</p>		
<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
1. Stand Alone Course: Adheres to WellCAP standard Curriculum. Requirements for the course, level, and stack 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. Course duration meets or exceeds required minimum.	<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. Satisfies specific curriculum restrictions for Subsea added curriculum (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)	
4. Satisfies time allocation requirements for simulation, maximum day length, etc. Appropriate balance between lecture, facilitation, audio/visual/passive activities, and other hands-on activities.	<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)	
3.0 Facility and Equipment (Provide photos of facility if possible)		
<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
1. Facility Floor Plan.	<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. Mechanical or electronic well control simulator.	<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. Live test well (optional).	<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)
4. Miscellaneous 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)

4.0 Class Size

4.1 If class is observed

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
1. Class size consistent with application.	<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)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>	
2. Class size appropriate for number of instructors and simulators.	<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)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>	

4.2 If class is not observed

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
1. Class size consistent with application.	<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)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>	

2. Class size appropriate for number of instructors and simulators.	<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)

5.0 Practical Exercise and Simulation

<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
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1. Practical exercises.	<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. Simulators provide realistic responses and scenarios.	<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. Live well provides realistic responses and scenarios.	<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)

4. Simulator exercises occurring in room separate from classroom.	<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)

5. Correct number of simulator exercises per student.	<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)

6. Appropriate number of students per simulator.	<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)

6.0 Training Manual		
<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
1. Printed training manual available for 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)	
2. Content of manual matches WellCAP curriculum for course being taught.	<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. Manual includes required features.	<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. Electronic version of manual available to students (optional).	<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)	
7.0 Instructor/Facilitator Qualifications		
<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
1. Introductory instructor qualifications.	<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. Supervisory instructor qualifications.	<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. Instructor trainees.	<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)

8.0 Student Assessment

<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
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1. Test Administrator (if other than instructor).	<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. WellCAP testing protocol is followed.	<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. Skills assessment.	<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)

4. Retest Policy.	<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)

9.0 Administration and Process Control

<i>Requirement</i>	<i>Requirement Satisfied? Observation or Evidence that Supports Response</i>	<i>Corrective Action (CA) #</i> YY - ### - Initials
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1. Verification of Student Identity.	<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)

<p>2. WellCAP Quality Statement and Comment Policy handed out to students in class.</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> <p><input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)</p>		
<p>3. Attendance Policy documented.</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> <p><input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)</p>		
<p>4. Course Suspension Policy documented.</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> <p><input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)</p>		
<p>5. Certificate Issuance.</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> <p><input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)</p>		
<p>6. Required records being kept (e.g., student records, class roster, etc.).</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> <p><input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)</p>		
<p>7. Frequency of retraining follows WellCAP Criteria.</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> <p><input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)</p>		
<p>8. Timely reporting of training records to IADC.</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> <p><input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)</p>		
<p>9. Central administration of multiple training centers (if applicable).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/>
<p>Observation/Evidence/Opportunity for Improvement:</p> <p><input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)</p>		

10.0 Quality Control

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
1. Verification of student identity.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/> Observation/Evidence/Opportunity for Improvement:
2. Control of student and other records.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/> Observation/Evidence/Opportunity for Improvement:
3. Security of tests, answer sheets, and required records.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/> Observation/Evidence/Opportunity for Improvement:
4. Responding to nonconformities, corrective actions, and preventive actions.	<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#: <input type="text"/> - <input type="text"/> - <input type="text"/> Observation/Evidence/Opportunity for Improvement:
5. Monitoring, implementing IADC program changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/> Observation/Evidence/Opportunity for Improvement:
6. Logo uses and other process (as applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/> Observation/Evidence/Opportunity for Improvement:
7. Quality control for multiple training centers.	<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#: <input type="text"/> - <input type="text"/> - <input type="text"/> Observation/Evidence/Opportunity for Improvement:
8. Provider conducts self-audits or other quality checks.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Additional Notes page <input type="checkbox"/> See attachment(s)	CA#: <input type="text"/> - <input type="text"/> - <input type="text"/> Observation/Evidence/Opportunity for Improvement:

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 Conditional Accreditation until satisfactory resolution of the following corrective action(s):
- Withhold Accreditation until satisfactory resolution of the following corrective action(s):
- Do not Accredit

Recommendation for Continuation of Accreditation.

(Complete this section for all audits after the initial audit.)

Choose Only One:

- Continue Full Accreditation – Continue normal operations without limitations
- Continue Full Accreditation – Continue normal operations; resolve Corrective Action within the agreed upon time limits approved by IADC and as set forth in the Provider’s Corrective Action Plan
- Continue Full Accreditation – Company may continue to operate with the following limitations:
- Move from Conditional to Full Accreditation
- Place Program on suspension, or probation (please give reasons) – Company MAY NOT continue operation of the accreditation program until resolution of all Corrective Action(s).
- 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): _____

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

Section Additional Comments

Topic

Section Additional Comments

Topic

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Topic