



IADC *RigPass* Program
SafeGulf Supplemental Audit Report
SCO-61SG

Part 1 – Business Information

General Audit Information
1. Date of Audit (DD-Month Spelled Out-YYYY):
2. Purpose of Audit (Choose Only One): <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:
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:
<i>(Location(s) should be the same as those identified in SCO-61 report for the same date.)</i>
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#: <ul style="list-style-type: none"> a. Has CA been closed? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Evidence of CA implementation? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)
Is corrective action warranted? Yes No
- 3. Corrective Action to be issued to: Company IADC
CA#:

PERSONS INTERVIEWED

Name:	Title:

Part 2 – Program Review

1.0 Course Content

Person(s) Interviewed:

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
1.1 Course Syllabus includes all topics specified by SafeGulf Additional SafeGulf topics: <ul style="list-style-type: none"> • Marine Debris • Hazardous Materials Awareness • SEMS 	<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"/>

2.0 Student Training Process

Person(s) Interviewed:

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
2.1 Student assessment by written test, and have written procedure for the following: <ol style="list-style-type: none"> a. Defining assessment process b. Retesting c. Records retention d. Cheating e. Test out option 	<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 Test Out option <ol style="list-style-type: none"> a. 100 question test b. 90% passing score c. Any individual failing test must take the orientation d. Student's eligibility for test out is checked and the record retained 	<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"/>

<p>2.3 Testing</p> <ul style="list-style-type: none"> a. 100 questions each test b. Maintain a pool of 300 questions c. Secure tests and answer keys d. Grade each test and retain test score on each student's record e. Passing score 70% f. Review all missed questions with students who pass test g. Assure test or answer sheet has the following: <ul style="list-style-type: none"> i. Test number ii. Program name iii. Student name iv. Unique student ID v. Test score vi. Instructor name vii. Date of testing 	<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>	

3.0 Photo Card of Completion

Person(s) Interviewed:

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
<p>3.1 Check student's identification before taking photo for completion card</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>3.2 Completion card must contain:</p> <ul style="list-style-type: none"> a. SafeGulfUSA logo b. Student photo c. Barcode (with IADC RigPass number) 	<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>3.3 Assure photo meets the following:</p> <ul style="list-style-type: none"> a. Student's head centered within frame, head shot only from top of hair to bottom of chin. Full face view, eyes open and natural expression b. No hats, caps or sunglasses permitted c. Blue background d. Taken with a digital camera with review feature and operated at highest resolution setting e. Photo clearly focused and cropped to 300x300 pixels f. Photo file in .jpg format g. Lighting sufficient to allow all details of face to be clearly discernible – no distracting shadows on the background permitted h. Photo not retouched or enhanced i. Inform student that he/she must update photo whenever their appearance changes significantly 	<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 Facility

<i>Person(s) Interviewed:</i>		
Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # <input type="text"/> YY - <input type="text"/> ### - <input type="text"/> Initials
4.1 Provide an environment conducive to learning and space adequate to conduct instruction, demonstration and hands-on interaction	<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)		

5.0 Additional Administrative Requirements		
Person(s) Interviewed:		
Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
5.1 Have written class registration procedure	<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)		
5.2 Verify each student's identity during registration or at beginning of 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)		
5.3 Retain record of each class that includes attendee's name, identifying number, date of training, and course name and number	<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)		
5.4 Provide training and materials in working language of class attendees	<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)		
5.5 Obtain permission from each student to have his/her student training record uploaded to a 3 rd Party database	<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)		

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