IADC *RigPass* Program
SafeLand Supplemental Audit Report
SCO-61SL

Part 1 – Business Information

General Audit Information
1. Date of Audit (DD-Month Spelled Out-YYYY):
2. Purpose of Audit (Choose Only One): ☐ 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
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: *(Location(s) should be the same as those identified in SCO-61 report for the same date.)*
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#:
  a. Has CA been closed? ☐ Yes ☐ No
  b. Evidence of CA implementation? ☐ Yes ☐ No
 	
 List Evidence:

SCO-61SL_Audit Report
Revision 12

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Page 1 of 11
Last Updated: 21 October 2019

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:

SCO-61SL_Audit Report
Revision 12

IADC USE ONLY
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Page 2 of 11
Last Updated: 21 October 2019

Part 2 – Program Review

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	☐ Yes ☐ No	CA#: ☐ - ☐ - ☐
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
2.2 Test Out option a. 100 question test b. 90% passing score c. Any individual failing test must take the orientation	☐ Yes ☐ No	CA#: ☐ - ☐ - ☐
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

SCO-61SL_Audit Report
Revision 12

IADC USE ONLY
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Page 3 of 11
Last Updated: 21 October 2019

2.3 Testing	☐ Yes ☐ No	CA#: ☐-☐-☐

a. Have a minimum of 4 tests
 	
b. Two tests per class
 	
c. 100 questions each test
 	
d. Maintain a pool of 300 questions
 	
e. Secure tests and answer keys
 	
f. Grade each test and retain test score on each student's record
 	
g. Passing score 80%
 	
h. Print only exact number of tests and answer keys for students present
 	
i. Provide oral testing of any student who cannot read – OPTIONAL
 	
j. Verify all tests removed from classroom after testing
 	
k. Review all missed questions with students who pass test
 	
l. Assure test or answer sheet has the following:
 	
  i. Test number
 	
  ii. Program name
 	
  iii. Student name
 	
  iv. Unique ID
 	
  v. Test score
 	
  vi. Instructor name
 	
  vii. Date of testing
	Observation/Evidence/Opportunity for Improvement:
	
	☐ See Additional Notes page ☐ See attachment(s)	

3.0 Photo Card of Completion

Person(s) Interviewed:

Requirement	*Requirement Satisfied? Observation or Evidence that Supports Response*	*Corrective Action (CA) #* YY - ### - Initials
3.1 Check student's identification before taking photo for completion card	☐ Yes ☐ No	CA#: ☐-☐-☐
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

SCO-61SL_Audit Report
Revision 12

IADC USE ONLY
☐ Official Copy

Page 4 of 11
Last Updated: 21 October 2019

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) #

| 3.2 Completion card must contain:
  a. SafeLandUSA logo
  b. Student photo
  c. Barcode (with IADC RigPass number) | ☐ Yes   ☐ No   CA#: ___ - ___ - ___
Observation/Evidence/Opportunity for Improvement:

☐ See Additional Notes page   ☐ See attachment(s) | |
| 3.3 Assure photo meets the following:
  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 | ☐ Yes   ☐ No   CA#: ___ - ___ - ___
Observation/Evidence/Opportunity for Improvement:

☐ See Additional Notes page   ☐ See attachment(s) | |

4.0 Facility

Person(s) Interviewed:

Requirement	Requirement Satisfied? Observation or Evidence that Supports Response	Corrective Action (CA) # YY - ### - Initials
4.1 Provide an environment conducive to learning and space adequate to conduct instruction, demonstration and hands-on interaction	☐ Yes ☐ No CA#: ___ - ___ - ___ Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

SCO-61SL_Audit Report
Revision 12

IADC USE ONLY
☐ Official Copy

Page 5 of 11
Last Updated: 21 October 2019

4.2 Be quiet, clean, temperature controlled and well lit	☐ Yes ☐ No	CA#: ☐-☐-☐
	Observation/Evidence/Opportunity for Improvement:	
	☐ See Additional Notes page ☐ See attachment(s)	
4.3 Provide seating, break area and restrooms	☐ Yes ☐ No	CA#: ☐-☐-☐
	Observation/Evidence/Opportunity for Improvement:	
	☐ See Additional Notes page ☐ 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	☐ Yes ☐ No	CA#: ☐-☐-☐
	Observation/Evidence/Opportunity for Improvement:	
	☐ See Additional Notes page ☐ See attachment(s)	
5.2 Provide training for class for personnel	☐ Yes ☐ No	CA#: ☐-☐-☐
	Observation/Evidence/Opportunity for Improvement:	
	☐ See Additional Notes page ☐ See attachment(s)	
5.3 Maintain a sign-in sheet/log for each class that includes attendee's name, identifying number, date of training, and course name and number	☐ Yes ☐ No	CA#: ☐-☐-☐
	Observation/Evidence/Opportunity for Improvement:	
	☐ See Additional Notes page ☐ See attachment(s)	

SCO-61SL_Audit Report
Revision 12

IADC USE ONLY
☐ Official Copy

Page 6 of 11
Last Updated: 21 October 2019

5.4	Require that each student show valid identification at beginning of course and test and when having photo taken for completion card (unless form I-9 used as ID)	☐ Yes ☐ No CA#: |___|-|___|-|___|
	Examples of valid identification: • State issued identification card • Valid federal identification card • Identification credentials as required to verify identity for a form I-9 • Valid passport with current photo	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)
5.5	Have process in place for students to provide feedback on quality and the value of the orientation	☐ Yes ☐ No CA#: |___|-|___|-|___| Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)
5.6	Provide training and materials in working language of class attendees • Safeguard training material until ready to issue for use	☐ Yes ☐ No CA#: |___|-|___|-|___| Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)
5.7	Obtain permission for each student to have his/her student training record be uploaded to a 3rd Party database	☐ Yes ☐ No CA#: |___|-|___|-|___| Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)
5.8	Grant the Accrediting Organization permission to upload student training records to the 3rd Party database	☐ Yes ☐ No CA#: |___|-|___|-|___| Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)

SCO-61SL_Audit Report
Revision 12

IADC USE ONLY
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Page 7 of 11
Last Updated: 21 October 2019

5.9 Maintain records of training, accreditation and testing for five (5) years	☐ Yes ☐ No	CA#: [ ] - [ ] - [ ]
	Observation/Evidence/Opportunity for Improvement:	
	☐ See Additional Notes page ☐ 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:	
		☐ Company	☐ IADC
		☐ Company	☐ IADC
		☐ Company	☐ IADC
		☐ Company	☐ IADC
		☐ Company	☐ IADC
		☐ Company	☐ IADC

SCO-61SL_Audit Report
Revision 12

IADC USE ONLY
☐ Official Copy

Page 8 of 11
Last Updated: 21 October 2019

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:

SCO-61SL_Audit Report
Revision 12

IADC USE ONLY
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Page 9 of 11
Last Updated: 21 October 2019

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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:

SCO-61SL_Audit Report
Revision 12

IADC USE ONLY
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Page 10 of 11
Last Updated: 21 October 2019

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

SCO-61SL_Audit Report
Revision 12

IADC USE ONLY
☐ Official Copy

Page 11 of 11
Last Updated: 21 October 2019