



File No. _____
Program No. _____

IADC *RIG PASS* Site Visit Report

Form SCO-61

This Site Visit Report form documents site visitor/auditor findings during a site visit. It is to be used to verify information contained on an initial program application or to subsequently verify that the program is in compliance with the accreditation criteria.

Part 1 – Guidelines for Auditors

The site visitor should have a copy of the Program 's Self-Certification Worksheet in addition to any copies or checklists submitted by the program with its application.

Initial Site Visit — Primary purpose is to verify application information regarding facility and to provide program with guidance regarding program requirements that will be examined in follow-up visits.

Follow-Up Visit — Close comparison of application and observed program elements to identify degree of adherence to accreditation criteria.

Visit Made At Program Request — Observation and documentation of elements contained in program request or any other items agreed upon between visitor and program.

Complaint Investigation — Observation and documentation of program elements or procedures identified in the complaint(s) against the program.

Other — Visit should be limited to address specific purpose.

Part 2 – Business Information

General Site Visit Information

1. Date of Visit:

2. Purpose of Visit:

- Initial Site Visit Follow-up Visit Visit Made at Program Request
 Complaint Investigation Other _____

3. Name of Site Visitor(s) and Affiliation (or Employer):

Site Visit Location & Contact Information

1. Company/Institution Visited:

2. Name and Telephone Number of Primary Contact for Site Visit:

3. Primary Location or Address of Site Visit:

4. If additional training locations visited, specify Location or Address of additional sites:

5. Contact information in IADC record complete and up to date? (Record any changes.)

6. Is the Program (check all that apply):

- Participating in SafeGulf Program? Issuing Custom Card
 Participating in SafeLandUSA Program?

7. Has the Program implemented the latest SCO-01 revisions? Yes No
Date implemented?

Part 3 – Program Review

3.1 CURRICULUM AND DELIVERY OF TRAINING		
<i>Person(s) Interviewed (Name and Title):</i>		
Requirement	Observation or Evidence of Satisfying Requirement	Corrective Action
1. Adherence to current Rig Pass Curriculum		
2. Minimum Course Duration: 8 hours (Minimum 6 hrs. for Core plus remainder of time for Offshore or Land endorsement)		
3. Method(s) of Instruction as defined in application		
4. Training Resources Available and Documented		
<p style="text-align: center;"><i>Key Words:</i></p> <ul style="list-style-type: none"> a. Curriculum – all required topics addressed (SCO-03) b. Duration meets or exceeds minimum c. Time on Core topics at least 6 hours d. Delivery methods match or exceed SCO-03 e. Class observed? f. Instructor/facilitator effective? d. Training resources current, up to date e. Training resources used in class f. Which endorsement(s) approved? 		

3.2 TRAINING FACILITIES

Person(s) Interviewed (Name and Title):

Requirement	Observation or Evidence of Satisfying Requirement	Corrective Action
1. Training Site(s) as approved		
2. Suitable Facilities and Equipment*		
<p><i>Key Words:</i></p> <ul style="list-style-type: none"> a. Site(s) identified in application b. Site(s) appropriateness c. Site(s) conducive to learning d. Facilities/equipment suitable for location and means of delivery <p>*Provide photos of facility if possible.</p>		

3.3 INSTRUCTOR/FACILITATOR QUALIFICATIONS

Person(s) Interviewed (Name and Title):

Requirement	Observation or Evidence of Satisfying Requirement	Corrective Action
1. Approved Instructors/Facilitators		
2. Record of Qualifications		
<p><i>Key Words:</i></p> <ul style="list-style-type: none"> a. Approved instructor/facilitator list matches IADC records b. Reviewed qualifications? 		

3.4 STUDENT ASSESSMENT

Person(s) Interviewed:

Requirement	Observation or Evidence of Satisfying Requirement	Corrective Action
1. Course Completion Documented <ul style="list-style-type: none"> a. Checklist, or b. Test c. Other 2. Retest (if applicable) 3. Record of Individual's Assessment		
<p style="text-align: center;">Key Words:</p> <ul style="list-style-type: none"> a. How completion documented? b. Assessment records reviewed? <p>Test</p> <ul style="list-style-type: none"> a. Test comprehensive (covers majority of topics)? b. Number of test questions c. How test graded? d. Score recorded? e. Retest available? f. Timing of test g. Tests, retests, answer sheets secure <p>Checklist</p> <ul style="list-style-type: none"> a. Checklist completed? b. Checklist record retained? c. Student initial checklist? <p>Other</p> <ul style="list-style-type: none"> a. Method? b. Record of assessment? 		

3.5 CERTIFICATES OF COMPLETION

Person(s) Interviewed:

Requirement	Observation or Evidence of Satisfying Requirement	Corrective Action
1. Card of Completion Issued a. Standard IADC Card, or b. Custom Card		
2. Required Information Supplied		
3. Authorizing Person		
<p style="text-align: center;">Key Words:</p> <ul style="list-style-type: none"> a. Card issued? b. Standard or custom? c. Custom design approved? d. Information complete? e. Card issued correctly? f. Who authorized? g. When issued? h. Logo(s) correctly used? i. Other data added? 		

3.6 RECORDS & ADMINISTRATION

Person(s) Interviewed:

Requirement	Observation or Evidence of Satisfying Requirement	Corrective Action
1. Administrative Processes to Assure Conformance to Criteria		
2. Required Records Retained		
a. Course Registration		
b. Student Training & Assessment		
c. Card of Completion		
d. Class Rosters		
3. Records Retention 5 Years		
4. Timely Reporting of Training Records to IADC		
5. Notify IADC of Program Changes, Updates		
6. HSE Rig Pass Quality Statement & Comment Policy Handed Out to Students in Class		
<p>Key Words:</p> <ul style="list-style-type: none"> a. What processes in place? b. Processes effective? c. What records retained? d. Who prepares, retains records? e. How, where records stored? f. Training records secure? g. Retention time? h. Records reported to IADC? i. Records match IADC records? j. IADC notified of changes? k. "Policy" statement distributed? 		

3.7 QUALITY CONTROL

Person(s) Interviewed:

Requirement	Observation or Evidence of Satisfying Requirement	Corrective Action
1. Processes for: <ul style="list-style-type: none"> a. Verification of Student Identity b. Control of Student Records c. Monitoring, Implementing IADC Program Changes d. Security of Tests, Answer Sheets, and Required Records e. Responding to Non-conformities, Corrective Actions and Preventive Actions 		
2. Other Processes (as applicable)		
<p style="text-align: center;">Key Words:</p> <ul style="list-style-type: none"> a. Required processes developed? b. Processes implemented? <p><u>Student Identity</u></p> <ul style="list-style-type: none"> a. How student identity verified? b. What record retained? <p><u>Student Records/Control</u></p> <ul style="list-style-type: none"> a. What records retained? b. How controlled? c. Records <p><u>Program Changes</u></p> <ul style="list-style-type: none"> a. Program changed? b. How changed managed? c. IADC or Program initiated? <p><u>Security</u></p> <ul style="list-style-type: none"> a. How records secured? b. Who has access? <p><u>Non-conformities, CA, & PA</u></p> <ul style="list-style-type: none"> a. Any outstanding? b. Who responsible for responding? c. CA and PA fully implemented? 		

3.8 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.

OTHER OBSERVATIONS:

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-
-

NOTEWORTHY EFFORTS:

-
-
-

RECOMMENDATIONS/SUGGESTIONS FOR IMPROVEMENT:

-
-
-

CORRECTIVE ACTIONS REQUIRED (list):

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Part 4 – Recommendations

RECOMMENDATION FOR ACCREDITATION

(Applicable for Initial Site Visit only)

- Fully Accredit
- Conditionally Accredit pending satisfactory resolution of the following:

- Withhold Accreditation

RECOMMENDATION FOR CONTINUATION OF ACCREDITATION

(Applicable for All Site Visits after the initial visit)

- Continue Full Accreditation
- Move from Conditional to Full Accreditation
- Place Program on Probation (Please give reasons)

- Withdraw Accreditation

SIGNATURE OF SITE VISITOR

Signature of Site Visitor _____

Please Print Name _____

Date _____

SIGNATURE OF COMPANY STAFF RECEIVING REPORT

Signature _____

Printed Name _____

Title _____

Date _____

IADC Office Use Only

Date IADC Received Report _____

CA number(s) assigned (if applicable) _____

Forwarded to Panel for Action (if applicable)? Yes No NA If yes, date _____

Updated Audit Log? Yes No If yes, date _____

Updated CA Log? Yes No If yes, date _____