



IADC **WellCAP** Site Visit Report

SITE VISIT CHECKLIST

Form WCT-10

I. PURPOSE

To verify information contained on an initial program application and to subsequently verify that the program is in compliance with key components of the accreditation criteria.

II. GUIDELINES FOR USE

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.

GENERAL INFORMATION	
1.	Name of Site Visitor
2.	Affiliation (Employer) of Visitor
3.	Date of Visit
4.	Company/Institution Visited
5.	Physical Location or Address of Site Visit
6.	Is this: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Permanent Location Traveling School </div>
7.	Purpose of Visit: Initial Site Visit; Follow-up Visit; Visit Made at Program Request; Complaint Investigation; Other _____

FACILITY/EQUIPMENT — CLASSROOM				
8.	Does facility correlate to diagram furnished in application?			
A.	Number of classrooms	Yes	No	N/A
B.	Size of rooms	Yes	No	N/A
C.	Student capacity	Yes	No	N/A
Comments:				
9.	General condition of classrooms: Lighting, Heating, ventilation & air conditioning, etc.			
OK		Not OK (explain below)		
Comments:				
FACILITY/EQUIPMENT — SIMULATORS/TEST WELL EQUIPMENT				
10.	Is the area used for simulators/test wells physically separated from classroom area?			
Yes		No	N/A	
Comments:				
11.	If there is no physical separation, were any simulation exercises observed during classroom instruction? (WCT-1, page 5, section V).			
Yes		No	N/A	
Comments:				
12.	Verify number of simulators and model numbers of simulators listed in application.			
Number of simulators _____		Model/Manufacturer _____		
13.	Verify that simulator/test well equipment is operating. (If it is not possible to observe equipment in operation during a class, request a demonstration of one required simulator exercise).			
OK		Not OK (explain below)		
Comments:				
14.	Verify that equipment capable of handling exercises required for course levels in which it is used (as compared to application).			
OK		Not OK (explain below)		
Comments:				
LESSON OBSERVATION				
<i>Site visitors should ask instructor for class outline and training manual.</i>				
Course/Level Observed: _____				
15.	How many students were present in the class observed? _____			

16. Verify following class procedures:

- A. At start, are students given a copy of the WellCAP Quality Statement and Comment Policy (Form WCT-25)?
Yes No N/A
- B. Are students given a training manual? (Page 6)
Yes No N/A
- C. Are calculators available for student use?
Yes No N/A
- D. Verify handouts, manuals or other materials which students are allowed to keep
EXAMPLES: manual, kill sheet, special topics (like H2S)
OK Not OK (explain below)

Comments:

17. How many instructors were scheduled to teach this course? _____

INSTRUCTOR OBSERVATION

18. List the names of Instructor(s) observed:

Comments:

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

- A. Was the instructor listed in the program application?
Yes No N/A
- B. Was the instructor organized?
Yes No N/A
- C. Was the instructor using a lesson plan or curriculum outline?
Yes No N/A
- D. Did the instructor demonstrate satisfactory verbal skills in communicating with students?
Yes No N/A
- E. Was the instructor able to hold the interest of the class?
Yes No N/A
- F. Did he seem to satisfactorily transfer knowledge?
Yes No N/A

Comments:

TESTING

20. Was a test observed? (Recommended if possible)

- Yes No N/A

Comments:

21.	Were students adequately spaced to ensure privacy during testing? OK Not OK (explain below) N/A
Comments:	
22.	Watch instructors physically grade the tests. Did any students fail? OK Not OK (explain below) N/A
Comments:	
23.	Ask to examine tests in storage. Visually verify that different tests are used for initial test and the re-test. OK Not OK (explain below)
Comments:	
24.	Verify security measures used for tests (Were they kept in a locked location? Were they collected after students were finished?) OK Not OK (explain below)
Comments:	
OFFICE & ADMINISTRATION	
25.	Verify that certificates of completion are being filled out and recorded properly. (Page 12, B.1.) Explain any "No" answers below. Yes No N/A
Comments:	
26.	Verify that Student Records are being kept in accordance with criteria. Sample two student folders at random. If errors are detected, note and sample three more student folders. OK Not OK (explain below)
Comments:	
27.	Verify that Class Rosters are being kept for each course. Ask to see course rosters for two students whose folders were examined in #26 above. Compare class roster w/ student permanent records to verify that information is transferred correctly. OK Not OK (explain below)
Comments:	
28.	Verify that records are adequately filed by doing the following: Select a student from random from one of the class rosters in #26 above (Other than those selected in #27 above). Can that student's permanent records be located easily at your request? OK Not OK (explain below)
Comments:	

29.	Identify measures taken to secure records, certificates, etc. (Use of locks, placement of file cabinets, etc.).
CONCLUDING COMMENTS	
30.	List any other observations or comments which may be relevant to the accreditation status of this program. Include any recommendations or suggestions for improvement.

Signature of Site Visitor _____

Please Print Name _____

Date _____

IADC Office Use Only			
Date Received _____			
Date Copy sent to Program Administrator _____			
Forwarded to Panel for Action?	Yes	No	If yes, date _____