



Program No. W_____

IADC *WellCAP* Site Visit Report

Form WCT-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 as stated in WCT-01 Handbook of Accreditation and all relevant Curriculum documents (WCT-02-xx).

Guidelines for Auditors

The site visitor should have a copy of the Programs application and program records 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 1 – Business Information

General Site Visit Information

1. Date of Visit:

2. Purpose of Visit:

Initial Site Visit Request

Follow-up Visit

Visit Made at Training Provider's

Complaint Investigation

Other _____

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

Site Visit Location & Contact Information

1. Company/Institution Visited:

Program No.: W_____

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):

Issuing Custom Card (optional)?

Custom Card Reviewed?

Issuing Custom Certificate?

Custom Certificate Approved?

7. Latest WellCAP Program change to be verified during this WellCAP audit:

Part 2 – Program Review

2.1 TRAINING FACILITIES (Provide photos of facility if possible)			
<i>Person(s) Interviewed (Name and Title):</i>			
Requirement	Observation of Evidence of Satisfying Requirement	Reference	Corrective Action
2.1.1 Facility Floor Plan			
2.1.2 Mechanical or Electronic Well Control Simulator			
2.1.3 Live Test Well (optional)			
2.1.4 Miscellaneous Equipment			
<p style="text-align: center;"><i>Key Words:</i></p> <ul style="list-style-type: none"> a. Facility correlates to diagram furnished in application? b. Number of classrooms? c. Size of rooms? d. Facilities condition suitable for delivery of training? e. If Facility changes have been made since initial Application, did Company/Provider notify IADC of the changes? f. How many simulators? g. Simulators physically separate from classroom? h. Model number(s) of simulator(s) i. Simulator(s) operational? Demonstration provided? j. Simulator(s) capable of handling exercises required? k. Live Test Well used? l. Live well functional? 			

2.2 CURRICULUM

Person(s) Interviewed (Name and Title): _____

Course Reviewed: _____

Course level and stack qualification? _____

Course observed?(check here) _____

Course not observed?(check here) _____

Requirement	Observation of Evidence of Satisfying Requirement	Reference	Corrective Action
2.2.1 Adherence to WellCAP standard curriculum and time for the stand-alone course and level specified			
2.2.2 Appropriately Combine Two Courses To Match Minimum Course Duration			
2.2.3 Appropriately Combine Three or More Courses, Matching Minimum Course Duration			
2.2.4 Specific Curriculum Restrictions may apply (UBO, Subsea, etc.)			
2.2.5 Classroom Activities Satisfy Time Allocation Requirements			
<p style="text-align: center;"><i>Key Words:</i></p> <p><i>Course Materials Observed:</i></p> <ul style="list-style-type: none"> a. Curriculum – all required topics in course outline b. Course duration meets or exceeds minimum c. If curriculums combined, time allocation and content as required? d. Appropriate balance between lecture, facilitation, audio/visual/passive activities, simulation and other hands-on activities? 			

2.3 CLASS SIZE (if class is observed)			
<i>Person(s) Interviewed (Name and Title):</i>			
Requirement	Observation of Evidence of Satisfying Requirement	Reference	Corrective Action
2.3.1 Maximum Class Size: 18 (for one instructor); varies for more instructors)			
2.3.2 Class Size Appropriate for Number of Instructors and Simulators			
<p style="text-align: center;"><i>Key Words:</i></p> <ul style="list-style-type: none"> a. Was course observed? b. Number of students in class? c. Number of instructors? d. Number of operational simulators utilized? e. Were simulators separate from classroom? 			

2.3 CLASS SIZE (if class is not observed)			
<i>Person(s) Interviewed (Name and Title):</i>			
Requirement	Observation of Evidence of Satisfying Requirement	Reference	Corrective Action
2.3.1 Maximum Class Size: 18 (for one instructor); varies for more instructors)			
2.3.2 Class Size Appropriate for Number of Instructors and Simulators			
<p style="text-align: center;"><i>Key Words:</i></p> <ul style="list-style-type: none"> a. Was classroom visited? b. Number of seats in classroom? Was number appropriate for class size? c. Number of instructors available? d. Number of operational simulators available? e. Were simulators separate from classroom? 			

2.4 PRACTICAL EXERCISES & SIMULATION

Person(s) Interviewed:

Requirement	Observation of Evidence of Satisfying Requirement	Reference	Corrective Action
2.4.1 Hands-on Exercises			
2.4.2 Simulators Provide Realistic Responses and Scenarios			
2.4.3 Simulator Exercises Occurring in Room Separate from Classroom			
2.4.4 Minimum of Two Simulator Exercises per Student			
2.4.5 Appropriate Number of Students per Simulator			
<p>Key Words:</p> <ul style="list-style-type: none"> a. Hands-on exercises realistically represent field situations? c. Simulator exercises produce realistic responses? d. Number of students per simulator? e. Number of simulator exercises? f. Simulator exercises match course type and level? g. Each student performs exercise? 			

2.5 TRAINING MANUAL

Person(s) Interviewed:

Requirement	Observation of Evidence of Satisfying Requirement	Reference	Corrective Action
2.5 Printed Training Manual			
2.5 Content of Manual Matches WellCAP Curriculum for Course Being Taught			
2.5 Manual Includes Required Features			
2.5 Electronic Version of Manual Available to Students (optional)			
<p style="text-align: center;">Key Words:</p> <p>Manual:</p> <ul style="list-style-type: none"> a. Available for each student? b. Contains Table of Content? c. Contains Chapters? d. Contains Page numbers? e. Contains Glossary? f. Contains Index (optional)? g. All content of course included in manual? 			

2.6 STUDENT ASSESSMENT

Person(s) Interviewed:

<i>Requirement</i>	<i>Observation of Evidence of Satisfying Requirement</i>	<i>Reference</i>	<i>Corrective Action</i>
2.6.1 Written Test			
2.6.1.1 WellCAP Testing Protocol to be Followed			
2.6.2 Simulator Test			
2.6.3 Retest Available			
<p style="text-align: center;">Key Words:</p> <p>Written Test:</p> <ul style="list-style-type: none"> a. One or multiple tests? b. Collectively are tests comprehensive (covers majority of topics)? c. Number of test questions? d. How test graded? Score recorded? e. Retest available? f. Timing of test match requirements? h. When was test last revised? i. Examine test records. What is passing score? j. Tests, retests, answer sheets secure? How? k. Was test protocol followed? l. What materials are being used/permitted during test? <p>Simulator Test</p> <ul style="list-style-type: none"> a. Length of simulator test? b. Appropriate skills assessed? c. Each student tested? <p>Other</p> <ul style="list-style-type: none"> a. What record retained? b. Has training provider ever administered retest? c. Timing of retest? d. How Introductory students assessed? 			

2.7 INSTRUCTOR/FACILITATOR QUALIFICATIONS

Person(s) Interviewed (Name and Title):

Requirement	Observation of Evidence of Satisfying Requirement	Reference	Corrective Action
2.7.1 Introductory Instructor Qualifications			
2.7.2 Fundamental & Supervisory Instructor Qualifications			
2.7.3 Instructor Trainees Permitted			
<p style="text-align: center;">Key Words:</p> <ul style="list-style-type: none"> a. Approved instructor/facilitator list matches IADC records? b. Review instructors' credentials. Credentials current for all instructors? c. If class observed, was instructor approved? Instructor approved for course, level and stack qualification? d. Did instructor follow course outline? e. Was a "trainee" instructor in classroom? f. If "trainee" instructor, was approved instructor in classroom to observe "trainee" instructor? <p>Instructor Observed:</p> <p>_____</p> <p>Trainee Observed:</p> <p>_____</p> <p>Instructor Observing Trainee:</p> <p>_____</p>			

2.8 ADMINISTRATION & PROCESS CONTROL

Person(s) Interviewed:

Requirement	Observation of Evidence of Satisfying Requirement	Reference	Corrective Action
2.8.1 Frequency of Retraining Follows WellCAP Criteria			
2.8.2 Anniversary Date			
2.8.3 Certificate Issuance			
2.8.4 Course Suspension Policy			
2.8.5 WellCAP Quality Statement and Comment Policy Handed Out to Students in Class			
2.8.6 Attendance Policy			
2.8.7 Required Records: Student Records, Class Roster, Training Record Log Sheets			
2.8.8 Timely Reporting of Training Records			
<p style="text-align: center;">Key Words:</p> <ul style="list-style-type: none"> a. Is retraining being conducted? b. At what frequency? c. For in-house programs, recertification at appropriate frequency? d. Certificates immediately issued upon completion of course? e. Certificates being completed correctly? f. Who authorizes (signs) certificates? g. Has a course ever been suspended? h. If suspended, was testing and certification handled appropriately? i. Quality Policy being given to students at beginning of course? j. Does company have an Attendance Policy? k. Does Attendance Policy match IADC requirements? l. Has Attendance Policy ever been applied? m. What records retained? n. How, where records stored? o. How long are records stored? p. Records reported to IADC? q. Example records match IADC records? 			

2.9 QUALITY CONTROL

Person(s) Interviewed:

Requirement	Observation of Evidence of Satisfying Requirement	Reference	Corrective Action
2.9.1 Verification of Student Identity			
2.9.2 Control of Student & Other Records			
2.9.3 Monitoring, Implementing IADC Program Changes			
2.9.4 Security of Tests, Answer Sheets, and Required Records			
2.9.5 Responding to Non-conformities, Corrective Actions and Preventive Actions			
2.9.6 Logo Usage & Other Processes (as applicable)			
<p style="text-align: center;">Key Words:</p> <ul style="list-style-type: none"> a. Required policies and processes developed? Implemented? b. What record retained? c. How controlled? d. Who has access? <p><u>Program Changes</u></p> <ul style="list-style-type: none"> a. New WellCAP Program changes implemented? b. How changes managed? c. Other Program-initiated changes since last audit? d. Changes compatible with WellCAP? e. Changes reported to IADC? <p><u>Non-conformities, Corrective Actions (CA), & Preventive Actions (PA)</u></p> <ul style="list-style-type: none"> a. Any outstanding? b. Who responsible for responding? c. CA and PA fully implemented? <p><u>Other</u></p> <ul style="list-style-type: none"> a. WellCAP & IADC logos correctly used (according to IADC Logo Guidelines)? Where used? 			

2.10 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:

-
-
-
-
-
-

NOTEWORTHY EFFORTS:

-
-
-
-
-
-

RECOMMENDATIONS/SUGGESTIONS FOR IMPROVEMENT:

-
-
-
-
-
-

CORRECTIVE ACTIONS REQUIRED (list):

-
-
-
-
-

Part 3 – 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 to 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 _____

ACKNOWLEDGING RECEIPT OF SITE VISIT REPORT—Signature Of Company Staff Member Required

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 _____