Program No.R: _____

IADC ***RigPass*** Program
SafeLand Supplemental Site Visit Checklist & Report
Form SCO-61sl

Part 1 – Business Information

General Site Visit Information
1. Date of Visit (DD-Month Spelled Out-YYYY):
2. Purpose of Visit (Choose Only One): ☐ Initial Site Visit ☐ Follow-up Visit ☐ Visit Made at Training Provider's Request ☐ Complaint Investigation ☐ Other:
3. Auditor's Name: Auditor's Company Name:

Site Visit Location & Contact Information
1. Full Name of Company/Provider:
2. Full Name of Primary Contact for Site Visit: Telephone Number:
3. Physical Street Address of Primary Location: *(Location(s) should be the same as those identified in SCO-61 report for the same date.)*

Other
1. Corrective Actions (CA) from last site visit (if applicable)? CA#: a. Has CA been closed? ☐ Yes ☐ No b. Evidence of CA implementation? ☐ Yes ☐ No List Evidence:

Program Changes
2. Has the company made revisions to the course since the last site visit? ☐ Yes ☐ No CA#:
3. 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 Corrective Action to be issued to: ☐ Company ☐ IADC CA#:

PERSONS INTERVIEWED	
Name:	**Title:**

Part 2 – Program Review

2.0 Student Training Process		
Person(s) Interviewed:		
Requirement	***Observation of Evidence of Satisfying Requirement*** (If additional space is required, please use Notes page at the end of this document)	***Corrective Action #*** (YY - ### - Auditor's Initials)
2.1 Student assessment by written test	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
2.2 Test Out option a. 100 question test	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
b. 90% passing score	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
c. Any individual failing test must take the orientation	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
2.3 Testing a. Have a minimum of 4 tests	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
b. Two tests per class	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
c. 100 questions each test	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	

d. Maintain a pool of 300 questions	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
e. Secure tests and answer keys	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
f. Grade each test and retain test score in each student's record	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
g. Passing score 80%	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
h. Print only exact number of tests and answer keys for students present	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
i. Provide oral testing of any student who cannot read – OPTIONAL	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
j. Verify all tests removed from classroom after testing	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
k. Review all missed questions with student who pass test	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	

l. Assure test or answer sheet has the following: i. Test number	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
ii. Program name		
iii. Student name		
iv. Unique ID		
v. Test score		
vi. Instructor name		
vii. Date of completion		

3.0 Photo Card of Completion		
Person(s) Interviewed:		
Requirement	***Observation of Evidence of Satisfying Requirement*** (If additional space is required, please use Notes page at the end of this document)	***Corrective Action #*** (YY - ### - Auditor's Initials)
3.1 Check student's identification before taking photo for completion card	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
3.2 Completion card must contain: a. SafeLandUSA logo b. Student photo c. Barcode (with IADC Rig Pass number)	☐ Yes ☐ No Comment: ☐ 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	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
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. Do not retouch or enhance photo	
i. Inform student that he/she must update photo whenever their appearance changes	

4.0 Facility		
Person(s) Interviewed:		
Requirement	***Observation of Evidence of Satisfying Requirement*** (If additional space is required, please use Notes page at the end of this document)	***Corrective Action #*** (YY - ### - Auditor's Initials)
4.1 Provide an environment conducive to learning and provides space adequate to conduct instruction, demonstration and hands-on interaction	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
4.2 Be quiet, clean, temperature controlled and well lit	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
4.3 Provide seating, break area and restrooms	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	

5.0 Additional Administrative Requirements		
Person(s) Interviewed:		
Requirement	***Observation of Evidence of Satisfying Requirement*** (If additional space is required, please use Notes page at the end of this document)	***Corrective Action #*** (YY - ### - Auditor's Initials)
5.1 Have written class registration procedure	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
5.2 Provide training for class for personnel	☐ Yes ☐ No Comment: ☐ 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 Comment: ☐ See Additional Notes page ☐ See attachment(s)	
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) 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	☐ Yes ☐ No Comment: ☐ 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 Comment: ☐ 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 Comment: ☐ See Additional Notes page ☐ See attachment(s)	

5.7 Obtain permission for each student to have his/her student training record be uploaded to the SafeLandUSA database	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
5.8 Grant the Accrediting Organization permission to upload student training records to the SafeLandUSA database	☐ Yes ☐ No Comment: ☐ See Additional Notes page ☐ See attachment(s)	
5.9 Maintain records of training, accreditation and testing for five (5) years	☐ Yes ☐ No Comment: ☐ 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.

Other Observations:

Noteworthy Efforts:

Recommendations/Suggestions for Improvement:

Corrective Actions Required (write all CA numbers assigned due to program nonconformance):

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 that the added text pertains to.

FINDINGS (Requires Completion of Form ACD-63)		
CA#:	**Non-conformance:**	**Issued to:**
		☐ Company ☐ IADC
		☐ Company ☐ IADC
		☐ Company ☐ IADC
		☐ Company ☐ IADC
		☐ Company ☐ IADC
		☐ Company ☐ IADC

Part 3 - Recommendations

Recommendations for Accreditation (Applicable for Initial Site Visit Only)

Choose Only One:

☐ Fully Accredited
☐ Issue Full Accreditation upon successful resolution of Corrective Actions
☐ Withhold Accreditation

Recommendations for Continuation of Accreditation (Applicable to All Site Visits after the Initial Visit)

Choose Only One:

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

Signature of Site Visitor

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): _____

Forwarded to Panel for Action (if applicable)? ☐ Yes ☐ No ☐ N/A If yes, date: _____

Updated Audit Log? ☐ Yes ☐ No If yes, date: _____

Updated CA Log: ☐ Yes ☐ No If yes, date: _____

QA Reviewer: