Accreditation No: WP-

WELLCAP PLUS AUDIT REVIEW CHECKLIST
FORM WCP-61

PROGRAM NAME:

In order for a WellCAP Plus Training Program to be fully Accredited the Training Program must undergo an Audit during the first two years of the Program. This audit will consist of two phases – a review of the methodology or how the facilitator brings the program together and maintains control of the Program and the discussion groups, and how well the Program Manager maintains the required recordkeeping and reporting of records to the IADC. This checklist is to aid the auditor in preparing a uniform and unbiased audit report. It is not expected that the auditor will participate in any discussions or programs, but will act as an observer. The auditor will also review all required documentation and files at such time as is convenient with the program manager. The program manager will make all files accessible for the auditor.

Part 1—General Audit Information

GENERAL INFORMATION
1. Date of Audit (DD-Month Spelled Out-YYYY):
2. Purpose of Audit: ☐ 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
5. Full Name of Company/Provider:
6. Full Name of Responsible Person for Audit *(The Responsible Person is the person listed on WCP-03 as the person within the company that has authority to make decisions about the accreditation program.)* Name:
7. Primary location(s) audited (include street address, city, state, & country):

8. If additional training locations audited, specify Location and Address of additional sites (If applicable, include street address, city, state, & country):

9. Is all information in the IADC Detailed Accreditation Report complete, accurate, and up to date?

☐ Yes ☐ No

Comment:

☐ See Additional Notes page ☐ See attachment(s) for edits

Part 2—Program Requirements

FACILITATOR/INSTRUCTOR OBSERVATION

1. **Did at least one Facilitator have a current certification from an approved IADC Train-the-Trainer Facilitation Certification Course?**

☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

2. **Was at least one certified Facilitator and one approved Well Control Instructor present during training?**

☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

3. **Did the Well Control Instructor facilitate no more than 25% of the training?**

☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

3b. **Was the certified Facilitator present while the Well Control Instructor facilitated the portion of training?**

☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

4. **For each facilitator/instructor, answer the following**: (Explain any "No" answers below)

Facilitator/Instructor # 1 observed:

A. Were the facilitator/instructor(s) listed in the program application?
☐ Yes ☐ No ☐ N/A

B. Were the facilitator/instructor(s) using a lesson plan or curriculum outline?
☐ Yes ☐ No ☐ N/A

C. Did he seem to satisfactorily transfer knowledge?
☐ Yes ☐ No ☐ N/A

Facilitator/Instructor # 2 observed:

A. Were the facilitator/instructor(s) listed in the program application?
☐ Yes ☐ No ☐ N/A

B. Were the facilitator/instructor(s) using a lesson plan or curriculum outline?
☐ Yes ☐ No ☐ N/A

C. Did he seem to satisfactorily transfer knowledge?
☐ Yes ☐ No ☐ N/A

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

LESSON OBSERVATION
Auditor should ask facilitator for agenda and class exercise outlines.

Was auditor present on Day 1? ☐ Yes ☐ No ☐ N/A

5. **Were groups broken into smaller three to five person teams such that each team can function independently with minimum interference from other teams?** (WCP-01)
☐ Yes ☐ No (explain below)

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

6. **Verify following class procedures**:
(Each program will vary in details and class procedures – no right way, no wrong way)

A. On Day One, was the entrance exam conducted?
☐ Yes ☐ No ☐ N/A

B. On Day One, did Facilitator define course expectations?
☐ Yes ☐ No ☐ N/A

C. On Day One, were participants exposed to a problem solving mini-Exercise?
☐ Yes ☐ No ☐ N/A

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

DAYS TWO, THREE, and FOUR
Days 2, 3, & 4 will be devoted to Well Control Exercises with Participants working in Teams

DAY 2
Was auditor present on Day 2? ☐ Yes ☐ No ☐ N/A

7a. **Was Exercise 1 based on a realistic situation?**
☐ Yes ☐ No

7b. **Did Exercise 1 have at least 2 decision points?**
☐ Yes ☐ No

7c. **Were the decision points timed appropriately within the Exercise?**
☐ Yes ☐ No

7d. **Was Exercise 1 developed with complete and relevant well data?**
☐ Yes ☐ No

7e. **After each decision point presentation, did the Facilitator explain what actually happened in the situation the exercise was based on?**
☐ Yes ☐ No

7f. **After each decision point presentation, were the teams presented with a well status update relative to the timetable of the Decision Point just completed for consideration when working the next decision point?**

☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

DAY 3

Was auditor present on Day 3? ☐ Yes ☐ No ☐ N/A

8a. **Was Exercise 2 different and progressively more challenging than Exercise 1?**

☐ Yes ☐ No

8b. **Was Exercise 2 based on a realistic situation?**

☐ Yes ☐ No

8c. **Did Exercise 2 have at least 2 decision points?**

☐ Yes ☐ No

8d. **Were the decision points timed appropriately within the Exercise?**

☐ Yes ☐ No

8e. **Was Exercise 2 developed with complete and relevant well data?**

☐ Yes ☐ No

8f. **After each decision point presentation, did the Facilitator explain what actually happened in the situation the exercise was based on?**

☐ Yes ☐ No

8g. **After each decision point presentation, were the teams presented with a well status update relative to the timetable of the Decision Point just completed for consideration when working the next decision point?**

☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

DAY 4

Was auditor present on Day 4? ☐ Yes ☐ No ☐ N/A

9a. **Was Exercise 3 different and progressively more challenging than Exercise 1 and 2?**
☐ Yes ☐ No

9b. **Was Exercise 3 based on a realistic situation?**
☐ Yes ☐ No

9c. **Did Exercise 3 have at least 2 decision points?**
☐ Yes ☐ No

9d. **Were the decision points timed appropriately within the Exercise?**
☐ Yes ☐ No

9e. **Was Exercise 3 developed with complete and relevant well data?**
☐ Yes ☐ No

9f. **After each decision point presentation, did the Facilitator explain what actually happened in the situation the exercise was based on?**
☐ Yes ☐ No

9g. **After each decision point presentation, were the teams presented with a well status update relative to the timetable of the Decision Point just completed for consideration when working the next decision point?**
☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

10. **Was the course roster completed by ALL participants EACH day?**
☐ Yes ☐ No (Explain below)

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

11. **Was the Course Attendance Roster available and filled in correctly?** *Note: Attendance at ALL course segments is mandatory and must be recorded in the course roster.*
☐ Yes ☐ No (Explain below)

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

OFFICE & ADMINISTRATION

12. Was the minimum requirement of 6 participants met?

☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

13. **Were copies of previous qualifying certificates available?** Explain any "No" answers

☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

14a. **Was at least one (1) of the previous qualifying certificates valid, or the participant is currently involved in relevant operations?**

☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

15. **Did participants take an entrance exam?**

☐ Yes ☐ No ☐ N/A

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

15a. **If the participants failed the entrance exam, did they pass the re-test before the end of the WellCAP Plus course?**

☐ Yes ☐ No ☐ N/A

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

15b. **If participants did not take an entrance exam, was there evidence of a pre-qualification written test or certification of prior test within the previous 90 days?**

☐ Yes ☐ No ☐ N/A

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

16a. **Were Participants given Participant Feedback Forms?**

☐ Yes ☐ No ☐ N/A

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

16b. **Were Participant Feedback Forms collected and submitted to IADC within 30 days of course completion?**

☐ Yes ☐ No ☐ N/A

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

17. **Was the certification issued at the same level and type coverage as their current supervisor certificate?**

☐ Yes ☐ No

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

NOTE: Course and student records MUST be retained as per WellCAP requirements – WCT-1

18. Auditor will also review Permanent Records which will include, for ALL prior Participants who were given a WellCAP Plus Certificate, their Participant Name, Completion Date, Expiration Date, Well-CAP Plus Certificate Number, and the level and type coverage of the certificate that the Drilling Supervisor came into the WellCAP program.

Were Permanent Records available for review and complete?

☐ Yes ☐ No ☐ N/A

☐ See Additional Notes page ☐ See attachment(s) CA#: ____-____-____

CONCLUDING COMMENTS

List any other observations or comments that may be relevant to the accreditation status of this company. Include noteworthy efforts, recommendations, or suggestions for improvement, as well as 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
		☐ Company ☐ IADC

Part 3—Recommendations

Recommendation for Accreditation—Initial Accreditation.
(Complete this section for initial audit only.)

Choose Only One:

- ☐ Issue Full Accreditation
- ☐ Issue Full Accreditation upon successful resolution of Corrective Actions
- ☐ Withhold Accreditation

Recommendation for Continuation of Accreditation.
(Complete this section for all audits after the initial audit.)

Choose Only One:

- ☐ Continue Full Accreditation

  Comment:

- ☐ Place Program on Suspension—Check one or more of the following reasons for probation:
  - ☐ Company failed to deliver a portion of the required course content
  - ☐ Company failed to deliver appropriate simulator exercises
  - ☐ Company failed to deliver:

Signature of Auditor

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):

Audit Log updated? ☐ **Yes** ☐ **No** **If yes, date:**

CA Log updated: ☐ **Yes** ☐ **No** **If yes, date:**

QA Reviewer:

Notes:

Additional Notes

Instructions: Use this page to record 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

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Topic

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Topic

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Topic