Program No. D: _____

DIT Audit Report

Form DIT-61

Part 1 – Business Information

General Audit Information
1. Date of Audit (DD-Month Spelled Out-YYY):
2. Purpose of Audit (Choose Only One): ☐ Initial Audit ☐ Follow-up Audit ☐ Audit Made at Training Provider's Request ☐ Complaint Investigation ☐ Other:
3. Auditor's Name: Auditor's Company Name:
Audit Location & Contact Information
1. Full Name of Company/Provider:
2. Full Name of Primary Contact for Audit: 3. Telephone Number:
4. Physical Street Address of Primary Location:
5. If additional training locations audited, specify Location and Address of additional sites (If applicable, include city, state & country):
Other
1. Corrective Actions (CA) from last audit (if applicable)? CA#: a. Has CA been closed? ☐ Yes ☐ No b. Evidence of CA implementation? ☐ Yes ☐ No List Evidence:
Program Changes
1. Has the company made revisions to the course since the last audit? ☐ Yes ☐ No
2. 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.) a. Is corrective action warranted? ☐ Yes ☐ No b. Corrective Action to be issued to: ☐ Company ☐ IADC c. CA#:

PERSONS INTERVIEWED	
Name:	**Title:**

Part 2 – Program Review

2.1 Course Design and Delivery

Person(s) Interviewed:

2.1.1 Course Title

Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Course title properly reflects course content.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

2.1.2 Course Category

Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Course category reflects primary focus of course content.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

2.1.3 Course Description

Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Brief course description states the purpose, scope and focus in detail.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

2.1.4 Target Audience

Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Recommended attendees are specified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

Recommended course level specified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
2.1.5 Course Objectives		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
The participants understanding and ability to demonstrate by end of course is communicated through a summary or overview of course objectives.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Each session or module is defined.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Each session or module has a syllabus or outline listing specific learning objectives.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Each session or module is compatible with the target audience specified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Each session or module is compatible with the course level specified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

2.1.6 Method(s) of Delivery		
☐ Classroom or laboratory/workshop – Instructor Led ☐ Web-based or other distance learning product ☐ DIT-01E Submitted (if applicable)		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Course length and method(s) of delivery are specified.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____
Course length and method(s) of delivery are consistently maintained.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____
All design criterial for DIT e-Learning delivery are met. (Refer to DIT-01E).	☐ Yes ☐ No ☐ N/A Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____

2.1.7 Resources and Procedures to Support Course and Program		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Facilities and equipment are appropriate for the defined learning objectives.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____
Facilities and equipment are available for course delivery and assessment.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____

Resources available for the execution of this course are described.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Safety procedures are used during the delivery and assessment (if applicable).	☐ Yes ☐ No ☐ N/A	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Personal protective equipment is used during delivery and assessment (if applicable).	☐ Yes ☐ No ☐ N/A	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Equipment maintenance plan is in place to verify proper working condition of equipment prior to use.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
2.1.8 Instructor's Manual		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Instructor's manual and other training resources such as, student handouts, exercises and other reference materials are used during delivery of the course.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Instructor's manual and other training resources are readily available at each training location.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

Instructor's manual and other training resources are consistently used during delivery of each course offering.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

2.1.9 Instructor and Facilitator Qualifications		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Minimum qualifications for instructors and/or facilitators of the course are defined.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Course is delivered only by persons meeting the qualifications, as defined in application.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

2.2 Student Assessment		
Person(s) Interviewed:		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
A course assessment is given.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Process by which students' performance in the course will be assessed is described.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

The method(s) of assessment are appropriate for course content, target audience, course level, and student learning objective.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
The minimum passing grade is appropriate for course content, target audience, course level, and student learning objective.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
The process of when assessments are to take place is identified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
The person responsible for performing assessments is identified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
The process of what records to be retained to document the assessment is identified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

2.3 Certificate Issuance

Person(s) Interviewed:

Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Upon completion of course and passing all required assessments for the course, participants are immediately issued an IADC Certificate of Completion.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	

A copy of each certificate issued is retained.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Copies of all training records supportive of issuing each certificate is retained.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
2.4 Administration and Process Control		
Person(s) Interviewed:		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
General procedures for the administration of the accredited program and delivery of the course are specified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
The general procedure process includes, at a minimum: • Listing of records to be kept • Measures taken to secure records to include storage, access, retrieval, and disposal • Retention policy of a minimum of five (5) years • Student assessment procedures • Certificate issuance procedures • Uploading of training records to IADC	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
2.5 Audits (No action is required for this item).		

2.6 Quality Assurance		
Person(s) Interviewed:		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Training provider has a process in place for routinely reviewing the course content and course delivery system.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____
The process includes assignment of responsibility for review.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____
The process includes procedures for reviewing and updating content or delivery system as needed.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____
The process includes reporting of program modifications to IADC.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____
The process used to audit or verify, report, and respond to discrepancies or otherwise determine compliance with Training Course and Procedures are described.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____
Person(s) responsible for Quality Assurance are identified.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____

Qualifications for person(s) responsible for Quality Assurance are identified	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Frequency of internal audits is identified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Findings from audits, surveys, and feedback used to improve the Training Course and Procedures are explained.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Frequency of findings reviewed is identified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Person responsible for the review is identified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
Implementation and communication of changes is identified.	☐ Yes ☐ No	CA#: ____-____-____
	Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	
2.7 Schedule of Fees (No action is required for this item.)		

2.8 Accreditation Procedures		
Person(s) Interviewed:		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Primary location for the training provider's accreditable unit has Internet access.	☐ Yes ☐ No Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____

2.9 Disciplinary Actions against Training Providers (No action is required for this item.)
2.10 Disciplinary Actions against Instructors (No action is required for this item.)
2.11 Attestation & Agreement (No action is required for this item.)
2.12 Decision to Accredit (No action is required for this item.)

2.13 Program Promotion		
Person(s) Interviewed:		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Processes are in place to assure that all representatives of the organization appropriately represent the DIT program (i.e., no false advertising of the program).	☐ Yes ☐ No ☐ N/A Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____

2.13.1 Logo Usage (No action is required for this item.)

2.13.2 Promotional Materials		
Requirement	***Requirement Satisfied? Observation or Evidence that Supports Response***	***Corrective Action (CA) #*** YY - ### - Initials
Under each use of the DIT logo, is the wording "Content of the course is not vetted as part of the DIT accreditation" reflected?	☐ Yes ☐ No ☐ N/A Observation/Evidence/Opportunity for Improvement: ☐ See Additional Notes page ☐ See attachment(s)	CA#: ____-____-____

2.14 Accreditation Period (No action is required for this item.)

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

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

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

QA Reviewer: _____

Notes:

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 to which the added text pertains.

Section **Additional Comments**

Topic

Section **Additional Comments**

Topic

Section **Additional Comments**

Topic

Section **Additional Comments**

Topic