



IADC
DIT

DIT Audit Report

Part 1 – Business Information

General Audit Information

1. Date of Audit (DD-Month Spelled Out-YYYY):

2. Auditor's Name:

3. Auditor's Company Name:

Audit Location & Contact Information

1. Full Name of Company/Provider:

2. Accreditation ID:

3. Full Name of Primary Contact for Audit:

4. Primary Contact Email:

5. Administrative Contact Email:

6. Physical Street Address of Primary Location:

(Location(s) should be the same as those identified in DIT-61 report for the same date)

7. If additional training locations audited, specify Location and Address of additional sites

(If applicable, include city, state & country):

PERSONS INTERVIEWED

Name:	Title:

ADDITIONAL PERSON(S) INTERVIEWED (Name and Title)

Part 2 – Program Review

Section numbering corresponds with subsections in DIT-01 Handbook of Accreditation, Section 2. Content that is covered in multiple sections is included only once, in the most appropriate section of this form, to avoid redundancy.

2.0 General Requirements

<i>Requirement</i>	<i>Requirement Satisfied?</i>		<i>Corrective Action (CA)</i>
	Observation (Obs.); Opportunity for Improvement (OFI)		YY - ### - Initials
1. Non-Conformities (CAs) written during, or since last audit have been resolved and have not reoccurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA
	CA#:		
2. Accreditation report is complete and up to date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA
	CA#:		

3. Any other changes to the program by the provider have been communicated to the applicable IADC Program Coordinator as required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
4. All Program Bulletin requirements have been implemented and followed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

2.1 Primary Location and Other Course Locations

1. Course title properly reflects course content.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
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2.2 Content Delivery Method(s)

Mode of Delivery (check all that apply):

Instructor-Led Training eLearning

Distance Learning Blended

1. Course length and method(s) of delivery are specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. Course length and method(s) of delivery are consistently maintained.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
3. All designed criteria for DIT eLearning delivery are met. (Refer to DIT-01e).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

4. All designed criteria for DIT Virtual Instructor Led Training delivery are met. (Refer to DIT-01V)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.3 Course Title			
1. Course title properly reflects course description.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.4 Course Category			
1. Accredited courses are relevant to the oil and gas industry.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.5 Course Description			
1. Brief course description states the purpose, scope, and focus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. Language(s) course will be taught in is listed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.6 Target Audience			
1. Recommended attendees are specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

2.7 Course Level			
Requirement	Requirement Satisfied?		Corrective Action (CA)
	Observation (Obs.); Opportunity for Improvement (OFI)		YY - ### - Initials
1. Recommended course level specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.8 Class Size			
1. Minimum and Maximum class size defined.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.9 Validity of Course			
1. Validity of certificates stated in months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.10 Learning Objectives			
1. The participants understanding and ability to demonstrate by end of course is communicated through a summary of course objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. Each session or module is defined.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
3. Each session or module has a syllabus or outline listing specific learning objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

4. Each session or module is compatible with the target audience specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
5. Each session or module is compatible with the course level specified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.11 Course Length			
1. Course length is defined in total number of hours, total number of days, and total number of hours per day.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.12 Facilities and Equipment			
1. Facilities and equipment are appropriate for the defined learning objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. Facilities and equipment are available for course delivery and assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
3. The facility has reliable internet access.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

2.13 Instructional Material			
1. Resources available for the execution of this course are described.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. Safety procedures are used during the delivery and assessment (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
3. Personal protective equipment is used during delivery and assessment (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
4. Equipment maintenance plan is in place to verify proper working condition of equipment prior to use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.14 Instructor's Manual (Facilitator Guide)			
1. Instructor's manual and other training resources such as, student handouts, exercises and other reference materials are used during delivery of the course.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. Instructor's manual and other training resources are readily available at each training location.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

2.15 Instructional/Facilitator Qualifications

Requirement	Requirement Satisfied?			Corrective Action (CA)
	Observation (Obs.); Opportunity for Improvement (OFI)			YY - ### - Initials
1. Minimum qualifications for instructors/facilitators of the course are defined.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
2. Course is delivered only by persons meeting the qualifications, as defined in application.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	

2.16 Student Assessment and Certificate Issuance

1. A course assessment is given.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
2. Process by which students' performance in the course will be assessed is described.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
3. The method(s) of assessment are appropriate for course content, target audience, course level, and student learning objective.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
4. The minimum passing grade is appropriate for the course content, target audience, course level, and student learning objective.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	

5. The process of when assessments are to take place is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
6. The person responsible for performing assessments is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
7. The process of what records to be retained to document the assessments is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
8. Upon completion of course and passing all required assessments for the course, participants are immediately issued an IADC Certificate of Completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
9. A copy of each certificate issued is retained.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
10. Copies of all training records supportive of issuing each certificate are retained.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

2.17 Quality Assurance

2.17.1 Administration and Process Control

<p>1. General procedures for the administration of the accredited program and delivery of the course are specified.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
Empty space for notes			

<p>2. The General procedure process includes, at a minimum:</p> <ul style="list-style-type: none"> • 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 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
Empty space for notes			

2.17.2 Audits and Quality Management Systems

<p>1. Training provider has a process in place for routinely reviewing the course content and course delivery system.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
Empty space for notes			

<p>2. The process includes assignment of responsibility for review.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
Empty space for notes			

Requirement	Requirement Satisfied?			Corrective Action (CA)
	Observation (Obs.); Opportunity for Improvement (OFI)			YY - ### - Initials
3. The process includes procedures for reviewing and updating content or delivery system as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
4. The process includes reporting of program modifications to IADC.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
5. The process used to audit or verify, report, and respond to discrepancies or otherwise determined compliance with Training Course and Procedures are described.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
6. Person(s) responsible for Quality Assurance are identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
7. Qualifications for person(s) responsible for Quality Assurance are identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
8. Frequency of internal audits is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
9. Findings from audits, surveys, and feedback used to improve the Training Course and Procedures are explained.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	

10. Frequency of findings reviewed is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
11. Person responsible for the review is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
12. Implementation and communication of changes is identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2.18 Schedule of Fees (No action is required for this item)			
2.19 Attestation and Agreement (No action is required for this item)			
3.0 Accreditation Process (No action is required for these items)			
4 Maintaining Program Integrity			
4.1 – 4.4 No action is required for these items.			
4.5 Using the ACD Database			
1. Provider enters timely and accurate information about each course into the IADC Database before it is scheduled to begin.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
4.6 Responding to IADC Communications (No action is required for this item)			
4.7 Monitoring and Implementing Program Changes			
1. Form DIT-03M has been completed and submitted to IADC.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

2. Updated DIT-03 application has been submitted to Program Coordinator (If applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

4.8 Program Promotion

1. 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).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

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

4.8.2 Promotional Materials

1. All training provider created DIT technical and promotional material contain the disclaimer, "Content of the course is not vetted as part of the DIT accreditation"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	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.

Corrective Actions

List all Corrective Action numbers written for this audit.

Part 3 - Recommendations

Recommendation for Accreditation

Choose Only One:

- Issue/Continue Full Accreditation
- Suspend Accreditation
- Deny/Revoke Accreditation

Signature of Auditor

Auditor's Printed Name:

Signature:

IADC QA/QC Use Only

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

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Topic