



**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

[illegible]

**ADDITIONAL PERSON(S) INTERVIEWED** (Name and Title)

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## 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

Requirement	Requirement Satisfied?		Corrective Action (CA)
	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 accurate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

3. Any applicable changes to the program or its administrators/instructors have been communicated to the IADC DIT program coordinator through the DIT-03m modification form.	<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#:
5. Provider stored course records match the course records which have been uploaded to the IADC database.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
6. Any exceptions or variations to program or administrative requirements have been submitted to, and approved by, IADC via the exception request form, DIT-14	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
<b>2.1 Primary Location and Other Course Locations</b> (No action is required for this item)			
<b>2.2 Content Delivery Method(s)</b>			
<i>Mode of Delivery (check all that apply):</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Instructor-Led Training         </div> <div> <input type="checkbox"/> eLearning         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Virtual/Distance Learning         </div> <div> <input type="checkbox"/> Blended         </div> </div>			
1. 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#:

E-Learning (DIT-01E) <input type="checkbox"/> N/A			
1. E-Learning training held by provider has been approved via DIT-01E.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. All course and application design requirements defined in DIT-01E are met.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
3. All assessment requirements defined in DIT-01E are met.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
4. All equipment and facilities requirements defined in DIT-01E are met.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
Virtual - Instructor Led (DIT-01V) <input type="checkbox"/> N/A			
1. Virtual training held by provider has been approved via DIT-01V.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. All Virtual Instructor-Led (VIL) training requirements defined in DIT-01V are met.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
3. All virtual platform requirements defined in DIT-01V are met.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

Requirement	Requirement Satisfied? Observation (Obs.); Opportunity for Improvement (OFI)		Corrective Action (CA) YY - #### - Initials
<b>2.3 Course Title</b>			
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#:
<b>2.4 Course Category</b> (No action is required for this item)			
<b>2.5 Course Description</b>			
1. Courses are only taught in the approved language(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
<b>2.6 Target Audience</b> (No action is required for this item)			
<b>2.7 Course Level</b>			
1. Level of complexity for the course is appropriate for course content.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. Courses do not contain levels of complexity other than what is approved for them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
<b>2.8 Class Size</b>			
1. Held courses do not contain more or less students than is approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

<b>2.9 Validity of Course</b>			
1. Approved validity period is correctly stated on student certificates.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
<b>2.10 Learning Objectives</b>			
1. Learning Objectives properly list what participants are expected to understand and be able to demonstrate by end of course.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. Course syllabus/agenda is written, accurate, and contains specific learning objectives.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
3. Course and learning objectives align with the specified course title, description, target audience, and course level.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
<b>2.11 Course Length</b>			
1. Course length matches what is approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
<b>2.12 Facilities and Equipment</b>			
1. Facilities and equipment used matches what is approved for the course.	<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 appropriate for the course.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
3. An equipment maintenance plan is in place and utilized.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
<b>2.13 Instructional Material</b>			
1. Instruction materials used for training match what is approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. Instruction materials are properly utilized during training.	<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#:
<b>2.14 Instructor's Manual (Facilitator Guide)</b>			
1. Provider has established and uses an instructor manual for each course.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
<b>2.15 Instructional/Facilitator Qualifications</b>			
1. Course is delivered only by persons meeting the minimum qualifications defined in the course application. 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 written assessment is completed for each course.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. 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#:
3. Passing score for each course is approved and is 75% or higher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
4. Only students who achieved the minimum approved passing score passed the course.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
5. Training records are maintained for a minimum of 5 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
6. Each student, upon successful completion of course, is 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#:



## 2.17 Quality Assurance

### 2.17.1 Administration and Process Control

1. A written procedure is in place and utilized for each of the following: <ul style="list-style-type: none"><li>• Verification of trainee identity</li><li>• Trainee assessment</li><li>• Maintaining confidentiality of trainee information</li><li>• A records policy containing a list of records to be kept, where records are to be stored, and a minimum retention of 5 years</li><li>• Certificate issuance</li><li>• Course attendance</li></ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

### 2.17.2 Audits and Quality Management Systems

1. A documented Quality Management System (QMS) is in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:
2. 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#:
3. 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#:
4. An internal audit process is in place and followed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:

5. Requirement	Requirement Satisfied?			Corrective Action (CA)
	Observation (Obs.); Opportunity for Improvement (OFI)			YY - #### - Initials
6. Internal audit process includes, verification of adherence to course and accreditation requirements, reporting of internal audit findings, responding to discovered non-conformities, and verification of program security and process control procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
7. Frequency of internal audits is defined.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
8. A process is in place for review of surveys, trainee feedback, and findings from audits to determine course improvements. Timelines for review are defined.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
9. An instructor evaluation process is in place and utilized.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
10. A process is in place for review and update of course content, delivery, assessments, and related processes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	
11. A process is in place establishing how program changes are managed, implemented, and communicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OFI <input type="checkbox"/> Obs. <input type="checkbox"/> CA	CA#:	

<b>2.18 Schedule of Fees</b> (No action is required for this item)			
<b>2.19 Attestation and Agreement</b> (No action is required for this item)			
<b>3.0 Accreditation Process</b> (No action is required for these items)			
<b>4 Maintaining Program Integrity</b>			
<b>4.1 – 4.4</b> No action is required for these items.			
<b>4.5 Using the ACD Database</b>			
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#:
<b>4.6 Responding to IADC Communications</b> (No action is required for this item)			
<b>4.7 Monitoring and Implementing Program Changes</b> (No action is required for this item)			
<b>4.8 Program Promotion</b>			
1. Processes are in place to ensure that all representatives of the organization appropriately represent the DIT program (i.e., no false advertising of the program on company website).	<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#:
<b>4.8.1 Logo Usage</b>			
1. If provider is using general IADC or IADC Course logos those logos are current and correctly utilized.	<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#:
<b>4.8.2 Promotional Materials</b>			
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.

<b>Section</b>	<b>Additional Comments</b>
<b>Topic</b>	
<b>Section</b>	<b>Additional Comments</b>
<b>Topic</b>	
<b>Section</b>	<b>Additional Comments</b>
<b>Topic</b>	
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