



# National Maritime Center

United States Coast Guard

## PRE-AUDIT CHECKLIST

Date \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Point of Contact \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_

This checklist is not mandatory, however it will assist the school and audit team in preparing for the audit. For each approved course, the school should have at a minimum, the following documents available for audit team review:

Course Framework	Course Schedule	Teaching Syllabus	Course Outline	Instructor Manual	Student Guides	Course Attendance Records
Exams	Student Records	Course Approval Letters	Site Approval Letters	Instructor Approval Letters	Student Course Critiques	Testing Plan

In addition to the curriculum documents listed above, the audit team will also examine the following areas:

Facility Conditions	Classroom Conditions	Safety Procedures	Simulators	Training Aids
Conduct Student Interviews	Conduct Staff Interviews	Quality Standards System (QSS)	Course Equipment	Live Instructor Observations

Click on the the following links for more guidance on course oversight:

[Code of Federal Regulations \(CFR\)](#) Chapter 10, Subpart C, Sections 301-303

[Marine Safety Manual Chapter 7](#)

[COMDTINST 16721.1](#) Standards for Oversight of Licensing and Seaman's Certification Activities

[NVIC 5-95](#) Guidelines for Organizations Offering Coast Guard Approved Courses

[NVIC 6-97](#) Policy on Qualified Instructors and Designated Examiners Who Train or Assess the Competence of Merchant Mariners

[NVIC 9-01](#) Quality Standards Systems

[NMC Policy Letter 7-98; Submission of Applications for Course Approval](#)

[NMC Policy Letter 1-99](#) Instructor Requirements

[NMC Policy Letter 11-02](#) Verification of Identity of Students in Coast Guard Approved Courses

INSTRUCTIONS: This checklist is a fillable Adobe PDF form. In order to view **PDF** files you will need an Acrobat Reader. To download this free software, click the Adobe icon

**Please complete the following sections:**

**Pre-Audit Questions** - Yes/No and fillable blanks.

**Alternate Site Locations** (if applicable)

**List of Approved Courses** with Approval Date/Renewal Date and Modification Date

**List of Approved Instructors** with Instructors Name/Approval Date/Courses Approved to Instruct

**Course Calendar** with Course Title/Start-End Dates/Name of Instructor(s)/Location

When you complete the checklist, click on the **SUBMIT to NMC** button, at the bottom of the last page and the form will be electronically sent via e-mail to NMC Course Oversight. You may also print the form, using the **PRINT FORM** button.

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your school ever been audited before? If yes, give date: <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has your school ever been suspended for any reason?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do your courses meet the approved standards for conducting training IAW CFR Title 46 Part 10 Sec. 10.302 - 304?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you made any curriculum modifications or changes to any of your courses?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you submitted a course modification request to NMC-2 Course Approvals for those changes?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you submitted any course modification requests to NMC-2 Course Approvals that have been disapproved?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you periodically monitor your Instructors classroom conduct for adherence to course schedule and curriculum?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you maintain student records for at least one year after course completion?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have procedures in place for protecting student privacy information?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have procedures in place for safeguarding your exams?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have at least two alternate exams ( with different questions) for each course to allow for re-testing of students?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are your testing procedures consistent with your testing policy?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have your students complete a course critique upon completion?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a web site? If answer is yes, please enter web site address: <input style="width: 250px;" type="text"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any courses that are Web based training?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a Quality Standards System (QSS) in place?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you teach any courses at an alternate site? If yes, please fill out next page. If no, skip the next page.

# Alternate Site Locations

Course Title	Street Address	City	State	Zip	Phone Number

## APPROVED COURSES

<b>COURSE TITLE</b>	<b>APPROVED DATE</b>	<b>RENEWAL DATE</b>	<b>MODIFICATION DATE</b>

## LIST OF APPROVED INSTRUCTORS

Instructors Name	Approval Date	Courses Approved to Instruct

# COURSE CALENDAR

Course Title	Start Date	End Date	Instructor (s)	Location