

FACILITY CHECKLIST FOR SCHOOLS THAT DO NOT TEACH STCW

**THIS FORM TO BE COMPLETED BY SCHOOL PRIOR TO AN AUDIT/INSPECTION
DECLARATION ON LAST PAGE MUST BE COMPLETED**

**SCHOOL MUST COMPLETE THIS FORM AND RETURN TO THE IYT REPRESENTATIVE
SCHEDULED TO PERFORM INSPECTION AT LEAST 3 DAYS PRIOR TO INSPECTION**

**IYT INSPECTOR WILL VERIFY ACCURACY OF INFORMATION PROVIDED ON THIS FORM
DURING INSPECTION**

**IYT INSPECTOR WILL DETERMINE PASS OR FAIL OR MAKE RECOMMENDATIONS ON
CHANGES REQUIRED IN ORDER TO PASS SUBSEQUENT INSPECTION**

IYT WILL ASSIGN INSPECTOR FOR AUDITS/INSPECTION

**SCHOOL MUST COORDINATE DIRECTLY WITH INSPECTOR FOR DATES OF
AUDIT/INSPECTION**

FACILITY CHECKLIST

For Schools That Do Not Teach STCW Basic Training

SCHOOL TO COMPLETE THIS FORM PRIOR TO INSPECTION AND RETURN TO INSPECTOR SCHEDULED TO INSPECT/AUDIT THEIR FACILITY/COURSE.

PHOTOGRAPH ALL FACILITIES AND EQUIPMENT AND SUBMIT TO IYT INSPECTOR PRIOR TO INSPECTION

Please print neatly - Where there is a 'yes' or 'no' please highlight or circle

School Name _____

Principal or Owner Name _____

Chief Instructor Name _____

Date Form Completed _____

Name of person completing form: _____

Note school levels that apply:

☐

Master of Yachts

☐

Recreational without ICC approval

☐

Recreational with ICC approval

☐

Diveboat Master

Circle or highlight 'yes' or 'no':

Number of Classrooms _____

Yes No

List of Classroom Equipment (tv, dvd/blu ray, white board, etc)

Is all equipment listed in good working order?	Yes	No
Toilet Facilities (Clean and accessible)	Yes	No
Does Staff Wear Uniforms	Yes	No
Is there a canteen or break room available for students use?	Yes	No
Is there an obvious "In the event of Fire" Notice with escape plan?	Yes	No
Is there a Fire Alarm?	Yes	No
Is there a Smoke Alarm?	Yes	No
Is there a Carbon Monoxide Alarm?	Yes	No
Does School have a readily available List of Emergency Services Contacts? i.e. phone # for Medical, fire, law enforcement etc)	Yes	No

Please add general notes and comments for the IYT Inspector

DECLARATION BY SCHOOL

I, _____,
(name of person making declaration – owner or principal)

_____, of
(position in company – owner or principal)

(school name here)

understand the requirements of IYT, have read (or promise to read if new school) the School Manual, agree to abide by the requirements and standards of IYT, and confirm this checklist has been completed accurately.

Signature

Date