



## ADC I SELF AUDIT REPORT

**CONFIDENTIAL**

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| Member Candidate or<br>Member Company                    |  |
| Company Representative                                   |  |
| ADC I or Company<br>Designated Auditor or;<br>Self-Audit |  |
| Address  |  |
| Date   |  |
| Report Number  |  |

This audit protocol sets out a list of questions, which the auditor will address with a view to determining compliance with the ADC I Consensus Standards for Commercial Diving and Underwater Operations. These questions are structured to cover the following areas in a manner that is consistent with the information presented in the Consensus Standards.

The auditor may, if he feels it appropriate, amplify answers to questions in areas of concern identified during the application documentation review or during the course of the audit.

Applicant Company shall be furnished an advance copy of these Audit Procedures for review and preliminary completion prior to arrival of the ADC I Representative(s) on site. These audit procedures will be made available at [www.adc-int.org](http://www.adc-int.org).

# AUDIT SHEET

| <b>1. General Information</b>   |  |
|---|--|
| Company Name  |  |
| Address   |  |
| Telephone   |  |
| Facsimile   |  |
| E-Mail  |  |
| Website   |  |
| Business Scope  |  |
| President,<br>Managing Director   |  |
| Safety Manager  |  |
| QA/QC Manager   |  |
| Operations or<br>Diving Manager   |  |
| <b>2. Personnel Requirements</b>  |  |
| <p><b>2.1 Personnel Qualifications (Must be on-file at the company location for each Diver)</b></p> <p><b>2.2 Existing members are NOT required to submit complete information on these personnel but are required to have complete records on each diver employed or used during the conduct of commercial diving operations. <u>Identify personnel by ADCI Certification Card Number.</u></b></p> |  |
| Name of Diver   |  |
| Divers' Training<br>Course(s) <b>Section 2</b>  |  |
| Other Training<br>Course(s)   |  |
| Divers' Certification<br><b>Section 3</b>   |  |
| Divers' Log Book<br><b>Section 5</b>  |  |
| Diving Supervisor(s)<br><b>Section 3 and Section 5</b>  |  |
| Life Support<br>Technician(s)<br><b>Section 3</b>   |  |
| <p><b>2.3 Medical Requirements (Must be on-file at the company location for each Diver).</b><br/> <b>Note: it is not intended that disclosure of doctor to patient information is required but rather that a valid medical examination has been conducted and that examinee as been judged "fit to dive."</b></p>   |  |
| Medical Examination<br><b>Section 2</b>   |  |
| Examining Physician<br>Organization <b>Section 2</b>  |  |
| Examination Standard<br><b>Section 2</b>  |  |
| Medical Records   | <b>Note: no confidential information is desired.</b> |

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| <b>Section 2</b> |  |
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| <b>3. Operations Procedures</b> |
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| <b>3.1 General Operations Procedures</b> |
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| Safe Practices/Operations Manual <b>Section 5</b>   |   |
| Does the Safe Practices / Operations Manual contain copies of Recognized Tables for Decompression and Treatment (including altitude corrections)? | YES _____ NO _____<br>What tables does your company use?<br>_____ |
| Emergency Aid <b>Section 5</b>  |   |
| First Aid <b>Section 5</b>  |   |
| Planning and Assessment <b>Section 5</b>  |   |
| Job Safety Analysis Procedure <b>Section 5</b>  |   |
| Dive Team Briefing <b>Section 5</b>   |   |
| Minimum Dive Team Numbers <b>Section 4</b>  |   |
| Inspection of Systems, Equipment, and Tools <b>Section 5 and Section 10</b>   |   |
| Decompression Chamber <b>Section 6</b>  |   |
| Stand by Diver <b>Section 5</b>   |   |
| Warning Display <b>Section 5</b>  |   |
| Reserve Breathing Supply <b>Section 5</b>   |   |
| Communications <b>Section 5</b>   |   |
| Company Record of Dives <b>Section 5</b>  |   |
| Personal Protective Equipment <b>Section 5</b>  |   |

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| <b>3.2 Assignments and Responsibilities (Are your procedures consistent with the requirements set forth in the Consensus Standards?)</b> |
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| Diving Supervisor <b>Section 3 and Section 5</b> |  |
| Diver <b>Section 3</b>                           |  |
| Stand by Diver <b>Section 3</b>                  |  |
| Entry-Level Tender/Diver <b>Section 5</b>        |  |
| Life Support (Saturation)                        |  |

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| <b>3.3 Safety Procedure Checklist – Section 5 and Section 10</b> |
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| <b>3.4 Equipment Procedure Checklist – Section 5 and Section 10</b> |
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| <b>3.5 Specific Operations Procedures (Hand-held power tools; Welding &amp; Burning Equipment; Explosives) – Section 5</b> |
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| <b>3.6 Emergency Procedures (Fire; Equipment Failure; Adverse Environmental Conditions; Medical Illness; Treatment of Injuries) – Section 7</b> |
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| <b>4. Equipment and Systems</b> |
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4.1 Does the Company have established Check-Off Lists for inspection of equipment and systems intended to be used for commercial diving and underwater operations to ensure functional and operational readiness and Safety for intended use? \_\_\_\_\_

4.2 Identify personnel who perform the initial and periodic examination, testing & Certification of Diving Equipment and system: \_\_\_\_\_

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| <b>4.3 Diver's Dress – Section 6</b> |
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| Item | Description     | Numbers | Last inspection or testing date | Comments |
|------|-----------------|---------|---------------------------------|----------|
| 1    | Dry suits       |         |                                 |          |
| 2    | Hot water suits |         |                                 |          |
| 3    | Harnesses       |         |                                 |          |
| 4    | Bailout systems |         |                                 |          |

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| <b>4.4 Helmets and Masks – Section 6</b> |
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| Item | Description        | Numbers | Last inspection or testing date | Comments |
|------|--------------------|---------|---------------------------------|----------|
| 1    | Heavyweight Helmet |         |                                 |          |
| 2    | Lightweight Helmet |         |                                 |          |
| 3    | Masks              |         |                                 |          |

**4.5 Hoses and Manifolds – Section 6**

| Item | Description                                    | Numbers | Last inspection or testing date | Comments                   |
|------|--|---------|---------------------------------|----------------------------|
| 1    | Umbilical & Breathing Hoses                    |         |                                 | Are these properly Marked? |
| 2    | Oxygen Hoses                                   |         |                                 |                            |
| 3    | Air Supply Manifold                            |         |                                 |                            |
| 4    | Mixed Gas Manifold                             |         |                                 |                            |
| 5    | Other Manifolds [Breathing Gas Control Systems |         |                                 |                            |

**4.6 Compressors – Section 6**

| Item | Description  | Numbers | Last inspection or testing date(s) | Comments |
|------|--|---------|------------------------------------|----------|
| 1    | Compressors<br>a. Low Pressure<br>b. High Pressure |         |                                    |          |
| 2    | Volume Tanks                                       |         |                                    |          |
| 3    | Filters  |         |                                    |          |
| 4    | Air Purity Tests                                   |         |                                    |          |

**4.7 Diver Entry and Egress Systems – Section 6**

| Item | Description         | Numbers | Last inspection or testing date(s) | Comments |
|------|---------------------|---------|------------------------------------|----------|
| 1    | Ladder and Stage    |         |                                    |          |
| 2    | Man-rated Lifts     |         |                                    |          |
| 3    | Open Bell (Class 1) |         |                                    |          |

**4.8 Pressure Vessel for Human Occupancy – Section 6**

| Item | Description | Numbers | Last inspection or testing date(s) | Comments |
|------|-------------|---------|------------------------------------|----------|
| 1    | DDC         |         |                                    |          |
| 2    | Systems     |         |                                    |          |
| 3    |             |         |                                    |          |
| 4    |             |         |                                    |          |

**4.9 Gauges – Section 6**

| Item | Description | Numbers | Last calibration date(s) | Comments |
|------|-------------|---------|--------------------------|----------|
| 1    |             |         |                          |          |
| 2    |             |         |                          |          |
| 3    |             |         |                          |          |

**4.10 Relief Valves – as appropriate to system installed – Section 6**

| Item | Description | Numbers | Last inspection or testing date(s) | Comments |
|------|-------------|---------|------------------------------------|----------|
| 1    |             |         |                                    |          |

**4.11 Timekeeping Devices - Section 6**

| Item | Description | Numbers | Last Comparison Against Known Standard | Comments |
|------|-------------|---------|--|----------|
| 1    |             |         |  |          |
| 2    |             |         |  |          |

**5. Accident Reporting**

5.1 What Accident Recording Procedure (**Section 7**) does your company use?

5.2 Record the Number of Lost Time Incidents, Fatalities, or near miss reporting figures for past three (3) years as recorded in company records/insurance information.

**6. Health, Safety and Environmental System Management  
(Company Process) – Section 10**

6.1 Is a Health, Safety and Environmental Management System in place and how often is this communicated to employees?

6.2 The method for dealing with diving medical emergencies

6.3 Last emergency response drill conducted: \_\_\_\_\_

6.4 Last safety meeting conducted: \_\_\_\_\_

6.5 Last safety audit conducted: \_\_\_\_\_

**7. QA / QC Management (Company Process) – Section 10**

7.1 Does the Company have an established QA/QC manual: \_\_\_\_\_

7.2 ISO registered certifications achieved (if applicable): \_\_\_\_\_

7.3 Last QA/QC in house audit date: \_\_\_\_\_

## Diving Personnel Information Form

This form should be used by new member applicants and may be used by existing members as an internal record to maintain pertinent information of employees or other personnel used in the conduct of commercial diving or other underwater operations.

Existing members are **NOT** required to submit complete information on these personnel but are required to have complete records on each diver employed or used during the conduct of commercial diving operations. Identify personnel by ADCI Commercial Diver Certification Card Number.

|   |  |
|---|--|
| <b>Name of Diver</b>  |  |
| <b>Divers' Training Course(s)</b>   |  |
| <b>Other Training Course(s)</b>   |  |
| <b>Diver Certification #</b>  |  |
| <b>Is a Commercial Divers' Log Book Properly Maintained and periodically checked by the Employer?</b> |  |
| <b>Supervisor Designation (if applicable)</b>   |  |
| <b>Medical Examination</b>  |  |
| <b>Examining Physician or Organization</b>  |  |
| <b>Examination Standard</b>   |  |
| <b>Medical Records See Section 2</b>  | <b>No confidential information is desired.</b> |

