AD NO.: 03ae-01

Initial Issue Date: 09-14-2023

Revision Date: 07-30-2024

**REPUBLIC OF THE PHILIPPINES**

**DEPARTMENT OF TRANSPORTATION**

**MARITIME INDUSTRY AUTHORITY**

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| **INVENTORY OF TRAINING EQUIPMENT AND FACILITIES** |

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| **Training Course:** | Advanced Training for Chemical Tanker Cargo Operations |
| **Name of Maritime Training Institution:** |  |

| *Note: Sharing of Facilities and Equipment may be allowed provided that Names of the Branches that will be utilizing the same must be reflected* | **Self-Assessment** | **Tabletop Evaluation** | **Inspection** | **Remarks** |
| --- | --- | --- | --- | --- |
| **To be accomplished by applicant MTI** | **To be accomplished by designated Tabletop Evaluator** | **To be accomplished by designated Evaluation and Inspection Team (EIT)** |
| **Items** | **Quantity Required** | **Actual number at hand** | **Complied** | **Not Complied** | **Complied** | **Not Complied** |
| **Equipment:***All equipment must be labeled with the MTI’s name.* |
| * Liquid Cargo Handling Simulator/Ballast Water Handling Simulator (with load indicator)

ORComputer sets with programs for cargo operations*Note: Workstation to trainee ratio** *1:4 (Simulator)*
* *1:2 (Computer Set)*
 | 12 + 1(12 workstations and 1instructor’sstation)*The**minimum number of workstations shall not be less than 6 units.**The intake limitation maybe be adjusted accordingly following the prescribed workstation/**computer ratio.* |  |  |  |  |  |  |
| * Portable toxic-gas detector with chemical absorption tubes
 | 2 units |  |  |  |  |  |  |
| * Portable multi-gas detector
 | 2 units |  |  |  |  |  |  |
| * Personal multi-gas detector
 | 2 units |  |  |  |  |  |  |
| * Span gas
 | 1 cylinder |  |  |  |  |  |  |
| * First aid kit
 | 1 set |  |  |  |  |  |  |
| The following first aid equipment permanently marked **“FOR EMERGENCY PURPOSES ONLY”** shall be available:* First aid kit
* Standard stretcher
* Resuscitation kit with oxygen/suction unit
 | 1 set |  |  |  |  |  |  |

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| **Accomplished by** | **:** |  |  | **Date** | **:** |  |
|  |  | Name and Signature ofMTI’s Authorized Representative |  |  |  |  |

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| **Table Top Evaluator’s Comments:** |
|  |  |  | **Date of Evaluation** |  |  |  |
|  | **Table Top Evaluator’s Name & Signature** |  |  |  |  |  |
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| **Inspector’s Comments:** |
|  |  |  | **Date of Inspection** |  |  |  |
|  | **Inspector’s Name & Signature** |  |  |  |  |  |
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