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**

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

|  |  |  |
| --- | --- | --- |
| **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)   OR  Computer sets with programs for cargo operations  *Note: Workstation to trainee ratio*   * *1:4 (Simulator)* * *1:2 (Computer Set)* | 12 + 1  (12 workstations and 1  instructor’s  station)  *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 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Accomplished by** | **:** |  |  | **Date** | **:** |  |
|  |  | Name and Signature of  MTI’s Authorized Representative |  |  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inspector’s Comments:** | | | | | | |
|  |  |  | **Date of Inspection** |  |  |  |
|  | **Inspector’s Name & Signature** |  |  |  |  |  |
|  | | | | | | |