AD NO.: 03x-00

Initial Issue Date: 09-14-2023

Revision Date: 00

**REPUBLIC OF THE PHILIPPINES**

**DEPARTMENT OF TRANSPORTATION**

**MARITIME INDUSTRY AUTHORITY**

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

|  |  |
| --- | --- |
| **Training Course:** | Safety Training for Personnel Providing Direct Service to Passengers in Passenger Spaces |
| **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:** |
| * SOLAS approved life jackets with retro-reflective tapes, light and whistle
 | 6 pcs |  |  |  |  |  |  |
| * Orange or yellow caps
 | 6 pcs |  |  |  |  |  |  |
| * High visibility vests
 | 6 pcs |  |  |  |  |  |  |
| * Megaphone (capable of creating alarm signal)
 | 1 unit |  |  |  |  |  |  |
| * Two-way radio

ORPublic Address System | 2 unitsOR1 unit |  |  |  |  |  |  |
| The following first aid equipment permanently marked “**FOR EMERGENCY PURPOSES ONLY”** shall be available:* First aid kit;
* Standard stretcher; and
* 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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