AD NO.: 03x-00

Initial Issue Date: 09-14-2023

Revision Date: 00



**REPUBLIC OF THE PHILIPPINES**

**DEPARTMENT OF TRANSPORTATION**

**MARITIME INDUSTRY AUTHORITY**

|  |
| --- |
| **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   OR  Public Address System | 2 units  OR  1 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 of  MTI’s Authorized Representative |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |  |  |  |  |  |
|  | | | | | | |