|  |  |
| --- | --- |
| Name of Maritime Training Institution: | Company Office Address: |
| Date/s of Inspection: |
| Maritime Training Course/s | Date/s of Expiration: | Practical Site Address *(if any)* |
| Contact Number: |
| Email address: |

| **Key Areas** | **Requirements** | **Self-Assessment****(To be accomplished by applicant MTI)** | **Tabletop Evaluation****(To be accomplished by Tabletop Evaluator)** | **Inspection****(To be accomplished by EIT)** | **Remarks** |
| --- | --- | --- | --- | --- | --- |
| **Complied** | **Not****Complied** | **Complied** | **Not****Complied** |  |
|  | **Documentary Requirements***Reference:**Section 48, Article XIV of MARINA Memorandum Circular No. SC-2021-09* | Notarized Letter of Application |  |  |  |  |  |  |
| Updated Site Plan (both for theoretical and practical training) |  |  |  |  |  |  |
| Updated names of Instructors, Assessors and Supervisors |  |  |  |  |  |  |
| Updated course package of the training course being applied for |  |  |  |  |  |  |
| Inventory of Training Equipment and Facilities with photos, Certificate of Ownership or License |  |  |  |  |  |  |
| Inventory of Teaching Aids and References |  |  |  |  |  |  |
| Access to MTIs CCTV system |  |  |  |  |  |  |

**Self-Assessment:**

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|  |
| **MTI’s Representative***(Signature Over Printed Name)* |

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| **Tabletop Evaluator’s Comments:** |
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|  |  |  |
|  |  |  |  |  |  |  |
|  | **Tabletop Evaluator’s Name & Signature** |  | **Date** |  |  |  |

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| **Evaluation and Inspection Team Comments:** *(continue in separate sheet if necessary)* |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |
|  | **Member***(Signature Over Printed Name)* |  | **Member***(Signature Over Printed Name)* |  | **Member***(Signature Over Printed Name)* |  |
|  |  |  |  |  |  |  |
|  | **Technical Evaluator***(Signature Over Printed Name)* |  | **Lead Evaluator***(Signature Over Printed Name)* |  | **Technical Evaluator***(Signature Over Printed Name)* |  |

**CONFORME:**

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|  |
| **MTI’s Representative***(Signature Over Printed Name)* |