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| **INVENTORY OF TEACHING AIDS AND REFERENCES** |

AD NO.:

Initial Issue Date:

Revision Date:

**Training Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Maritime Training Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| *Note: Substitute textbooks and videos can be used provided they contain the same content of the required.* | **Self-Assessment** | | **Table Top Evaluation** | | **Inspection** | |
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| **To be accomplished by applicant MTI** | | **To be accomplished by designated Accreditation Division Evaluator** | | **To be accomplished by designated Evaluation and Inspection Team (EIT)** | |
| **Items** | **Hardcopy** | **Electronic Copy** | **Complied** | **Not Complied** | **Complied** | **Not Complied** |
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| **Accomplished by** | **:** |  |  | **Date** | **:** |  |
|  |  | Name and Signature of  MTI’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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