

**Recognition Scheme of the Security Personnel Training Courses –
Quality Assurance System Compliance
Initial Inspection Report**

Date of Inspection: _____ Time: _____

Type of Inspection: _____

Name of Training Organization: _____

Course Title and Course Code (if any): _____

Training Venue inspected: _____

Name of Representative of Training Organization: _____

Course Details against the Registration Record / Assessment Criteria

1. Course Syllabus

Yes

No, Remarks: _____

2. Course Materials

Yes

No, Remarks: _____

3. Course Duration

Yes

No, Remarks: _____

4. Mode of Delivery

Yes

No, Remarks: _____

5. Trainers

Yes

No, Remarks: _____

6. Training Facilities

Yes

No, Remarks: _____

7. Maximum Number of Trainees per Class

Yes

No, Remarks: _____

8. Programme Development and Administration

Yes

No, Remarks: _____

9. Assessment

Yes

No, Remarks: _____

10. Certification

Yes

No, Remarks: _____

11. Course Monitoring, Evaluation and Communication

Yes

No, Remarks: _____

Details of the observed irregularities based on the quality assurance system for the recognition scheme of security training courses:

Non-compliance(s),
Remarks: _____

Not applicable.

Others, Remarks: _____

Summary of Preliminary Observation:

This inspection report is conducted by:

Signature: _____

Name: _____

Title: _____

Date: _____

Acknowledged by company's authorized person
or his/her delegate:

Signature: _____

Name: _____

Title: _____

Date: _____

I also confirm that the information and documentation I provided during the inspection is true and accurate and the operation of the courses has been complying with the QASRS guidelines and regulations.

Signature: _____