| Name of Organisation: | Audit ref.: | |
|---------------------------|-------------|--|
| Organisation Code: | Audit date: | |

Remarks: items with "*" are applicable to one-off CPD activities

| No. | Item to be examined | √/*/ NA | Records/Items reviewed/ inspected | Remarks |
|-------|--|------------|-----------------------------------|---------|
| 1) In | formation of the CPD Activity | | | |
| 1.1 | Has the Accredited Provider submitted the preliminary information, including the activity name, brief description of the activity, commencement date, activity duration, total credits and code of the CPD activity to Panel for prior vetting at least one week before the commencement of activity within the accredited period? | | | |
| 1.2* | Are the presenter(s)/speaker(s) a licensed plumber or a corporate member of professional institution? | | | |

| Name of Organisation: | Audit ref.: |
|-----------------------|-------------|
| Organisation Code: | Audit date: |

| No. | Item to be examined | ✓ / * / NA | Records/Items reviewed/ inspected | Remarks |
|------|---|-------------------|-----------------------------------|---------|
| 1.3 | Has the Accredited Provider submitted the required information list on Appendix III of the Manual for Accredited Provider to the Panel within 1 month after each CPD activity for the activity held within the accredited period? | | | |
| 1.4 | Has the Accredited Provider submitted their planned activities as per Section 4.5.1 of the Manual for Accredited Provider to the Panel quarterly? | | | |
| 1.5* | Have the Accredited Provider or one-off CPD course provider followed the terminology for the certificate as per Section 4.4.4 or 4.4.5 of the Manual for Accredited Provider? | | | |

| Name of Organisation: | Audit ref.: _ | |
|---------------------------|-----------------|--|
| Organisation Code: | Audit date: | |

| No. | Item to be examined | √ / x / NA | Records/Items reviewed/ inspected | Remarks |
|-------|--|-------------------|--------------------------------------|---------|
| 2) Vo | erification of Participation | | | |
| 2.1* | Can the Accredited Provider or one-off CPD course provider provide the attendance list with name, signature and LP number if applicable of participants? | | | |
| 2.2* | Has the Accredited Provider or one-off CPD course provider verified and checked the participants' identity as shown in their plumber licences? | | | |
| 3) R | 3) Record for CPD Programme | | | |
| 3.1 | Has the Accredited Provider kept proper record for each CPD activities during the accredited period? | | | |

| Name of Organisation: | Audit ref.: _ | |
|---------------------------|-------------------|--|
| Organisation Code: | Audit date: | |

| No. | Item to be examined | ✓/≭/ NA | Records/Items reviewed/ inspected | Remarks |
|------|--|------------|--------------------------------------|---------|
| 4) G | eneral Operation | | | |
| 4.1 | Has the Accredited Provider conduct self-evaluation for each CPD programme/activity after each activity including the following items? Learners' achievement in each objective of the CPD programme Expertise of presenter(s)/speaker(s) in teaching and conducting the programme The knowledge and professional experience/skills of presenter(s)/speaker(s) are up-to-date Appropriateness of the teaching method and facilities | | | |

| Name of Organisation: | Audit ref.: |
|-----------------------|-------------|
| Organisation Code: | Audit date: |

| No. | Item to be examined | √/*/ NA | Records/Items reviewed/ inspected | Remarks |
|------|--|------------|-----------------------------------|---------|
| 4.2 | Is there any personnel change in the organization? Has the Accredited Provider inform the Panel of the change? | | | |
| 4.3* | Is there any fraudulent found in any information provided by the Accredited Provider or one-off CPD course provider? | | | |
| 4.4 | Have findings of previous audits been appropriately followed up? | | | |

| Name of Organisation:Organisation Code: | Audit ref.:Audit date: |
|---|------------------------|
| Other observations/recommendations (use additional sheets if necessary) | |
| | |
| | |
| | |
| Auditor's Name & Signature : | |
| Post Title : | Date : |
| | |
| Designated Person's Name & Signature : | |
| Post Title : | Date : |