



## Training Course Information Form

### Course Information

**Course Name:**

**Institute/Centre:**  Maritime Safety Institute      **Course Code:**

**Type:**       Program       Course       Workshop

**Course Duration:**       5 days       3 days       1 day       Other: -----

**Course Conducted:**       Local       International  
Indicate: -----

**Course Venue:**

**Course Language:**       English       Arabic       Both       Other: -----

### Course Description

#### Course Outlines:

- Reviewing available information or instructions
- Confirming the suitability (or otherwise) of any pre-formed plan (time permitting)
- Planning the response if no pre-formed plan is suitable
- Monitoring and controlling the use of resources
- Evaluating progress and altering plans as appropriate
- Determining when incident is complete

#### Course Objectives:

This program is designed to meet the initial onshore training and assessment requirements for Offshore Emergency Response Team Leaders as identified in the UKOOA Guidelines for Competence and Training in Emergency Response.

#### Learning outcomes:

On Completion of this course, participants should gain knowledge and Skills required to manage and organize response to an incident and evaluate the effectiveness of various control methods, as well as closing the incident response.

**Course includes:**  Theoretical       Laboratory       Practical       Site Visit (On Request)

**Course Prerequisites:**

All trainees must be certified by a doctor to be in good health.

**Who should attend:**

All Personnel working in Offshore or Onshore Installations assigned as Emergency Response team leaders

**Course References:**

- OPITO Training Standards (As Guideline Only)

**No. of Participants/course:**  5-10                       10-15                       15-20                       Other: -----

**Qualifications of Participants:**

Basic Fire Fighting Training Required.  
Advanced Fire Fighting Training Recommended.

**No. of Lecturer:**  1                       2                       3

**No. of Assistance:**  1                       2                       3

**Course Facilities**

- |   |                                       |   |  |                                 |  |
|---|---------------------------------------|---|--|---------------------------------|--|
| <input checked="" type="checkbox"/> White Board | <input type="checkbox"/> V. Projector | <input checked="" type="checkbox"/> Data show | <input checked="" type="checkbox"/> PC | <input type="checkbox"/> Manual | <input checked="" type="checkbox"/> Handouts |
| <input type="checkbox"/> Books                  | <input type="checkbox"/> Handouts     | <input type="checkbox"/> Flip charts          | <input type="checkbox"/> S/W           | <input type="checkbox"/> Other: |  |

**Course Evaluation**

- Written Examination     Written Report(s)     Oral Presentation     Attendance  
 Delegates Participation

**Certificate Issue:**  Local Premises                       AASTMT                       International

**Course Registration**

**Registration:**                       AAST Admission Registration                       Online                       Other: ---local-----

**Fees :**

**Documents required:**     Registration form     ID/Passport copy     Photo