

DIMENSION BID

ASSESSMENT CHECKLIST

Unit: CAP 1.2 PLAN FOR WELL SERVICES OPERATIONS
 Element: CAP 1.2.2 Select And Test Well Services Equipment

PC	Description of Performance Criteria	Description of Evidence	Source of evidence			Competence	Remarks
			O/I	SD	Q/A		
a	Equipment identified and selected is appropriate for the work to be performed, and conforms to operational requirements.	Examine evidence (e.g. tool listing, checks required). Check via questioning for underpinning knowledge, function of tools and equipment.	✓			C	
b	Equipment is confirmed functional, fit for the work to be performed and the environment in which it will be used.	Check understanding of test procedure and guidelines related to operation. Job reports. Confirm through questioning on underpinning knowledge and field observation report.	✓			C	
c	An accurate record/schematic of the bottom hole assembly (BHA) is prepared in accordance with operational requirements.	Report/record evidence of tools used during the operation. Questions on underpinning knowledge and field observation report.	✓			C	
d	Defects in equipment are identified and appropriate remedial action taken.	Examine records on action taken on defective tool (equipment dispatch report and defective checklist reports). Check via questioning to verify the action taken and field observation.	✓			C	

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			O/I	SD	Q/A		
						C / NYC	

f	When necessary advice and support are sought from relevant personnel.	Field observation - share knowledge or seek advice. Check assignment on simulated problems and note action taken. Feedback from Third Party.	✓				C	
e	Working practices are safe and conform to statutory and operational requirements.	Field observation - PTW, PPE. Answers to question related to safety and requirement. Understanding of Company's Policy.	✓				C	

Legend:

Source of Evidence:

O/I

Observation / Interview

C

Competent

SD

Supporting Document

NYC

Not Yet Competent



Q/A

Written Questions & Answers

OVERALL SCORE	STRONG			ADEQUATE			IMPROVEMENT NEEDED		
	10	9	8	7	6	5	4	3	2
			8						

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Assessed by:	Agreed by:	Verified by:
(Name)	(TSO)	(HOD)
GAZALI MEHRY		AFIUA KUMAR
(Name)	(Name)	(Name)
		
Signature	Signature	Signature
Date	Date	Date
4/3/25		20/3/25

