

ASSESSMENT CHECKLIST

Unit: CAP 1.2 PLAN FOR WELL SERVICES OPERATIONS

Element: CAP 1.2.1 Plan Operational Requirements

PC	Description of Performance Criteria	Description of Evidence	Source of evidence			Competence	Remarks
			O/I	SD	Q/A		
a	Operation programs are prepared in accordance with objective plan.	Examine evidence on operation program (work action plan) against the Well Services objective programs. Check via questioning (oral/written) for under-pinning knowledge on the Well Services objective programs (include related procedures)	✓			C	
b	Difficulties in carrying out the operations are clarified with the relevant personnel.	Check via questioning (oral/written) for candidate's understanding on the process to go about an unclear objective programs. (Third Party feedback will be helpful and supportive i.e. from immediate supervisors, OIM, WS)	✓			C	

DIMENSION BID

Element: CAP 1.2.1 Plan Operational Requirements

PC	Description of Performance Criteria	Description of Evidence	Source of evidence			Competence	Remarks
			O/I	SD	Q/A		
c	Permit to Work is obtained in accordance with organisational and statutory requirements.	<p>Confirm via the evidence (e.g. PTW forms) submitted.</p> <p>Check via questioning (oral/written), the under-pinning knowledge on the process of applying a PTW.</p> <p>Check understanding on PTW procedures.</p>	✓			C	
d	Third party utilities are verified in accordance with operational and statutory requirements.	Check evidence on valid equipment passport.	✓			C	
e	Required quantities and types of materials and equipment are sourced timely.	<p>Check via questioning (oral/written) for candidate's understanding on the objective programs. Tools and materials required for a particular job.</p> <p>To provide evidence on materials and equipment checklist (materials requisition, inventory checklist and equipment checklist).</p>	✓			C	
f	Errors, omissions, and shortages of equipment are identified and appropriate remedial action taken.	Check candidate's under-pinning knowledge and awareness via questioning (oral/written).	✓			C	

DIMENSION BID

Legend:

Source of Evidence: O/I Observation / Interview

SD Supporting Document

Q / A Written Questions & Answers

Competence C Competent

NYC Not Yet Competent

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

<p>Assessed by:</p> <p>ALLEYSON AKIN DIMENSION BID (M) SDN BHD East Malaysia Operation</p> <hr/> <p>(Name)</p> <p><i>Alleyson</i></p> <hr/> <p>Signature</p> <p><i>14.2.25</i></p> <hr/> <p>Date</p>	<p>Agreed by:</p> <p>(TSO)</p> <p>LEANARD JANGGU ANAK BRIAN</p> <hr/> <p>(Name)</p> <p><i>[Signature]</i></p> <hr/> <p>Signature</p> <p>20/03/2025</p> <hr/> <p>Date</p>	<p>Verified by:</p> <p>(HOD)</p> <p><i>Afida Amanah</i></p> <hr/> <p>(Name)</p> <p><i>[Signature]</i></p> <hr/> <p>Signature</p> <p>25/2/25</p> <hr/> <p>Date</p>
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DIMENSION BID

Dimension Bid Competency Assurance Program

ASSESSMENT CHECKLIST

Unit: **CAP 1.2 PLAN FOR WELL SERVICES OPERATIONS**
 Element: **CAP 1.2.1 Plan Operational Requirements**

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b	Difficulties in carrying out the operations are clarified with the relevant personnel.	Check via questioning (oral/written) for candidate's understanding on the process to go about an unclear objective programs. (Third Party feedback will be helpful and supportive i.e. from immediate supervisors, OIM, WS)				C	

DIMENSION BID

Dimension Bid Competency Assurance Program

Element: CAP 1.2.1 Plan Operational Requirements

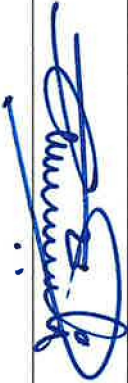

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e	Required quantities and types of materials and equipment are sourced timely.	Check via questioning (oral/written) for candidate's understanding on the objective programs. Tools and materials required for a particular job. To provide evidence on materials and equipment checklist (materials requisition, inventory checklist and equipment checklist).				C	
f	Errors, omissions, and shortages of equipment are identified and appropriate remedial action taken.	Check candidate's under-pinning knowledge and awareness via questioning (oral/written).				C	

DIMENSION BID

Legend:

<input type="checkbox"/> O/I	Observation / Interview	<input type="checkbox"/> SD	Supporting Document	<input type="checkbox"/> Q/A	Written Questions & Answers
<input type="checkbox"/> C	Competent	<input type="checkbox"/> NYC	Not Yet Competent		

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

<p>Assessed by:</p> <p>(Name) <u>GAZZALI MERRY</u></p> <p>Signature </p> <p>Date <u>14/2/25</u></p>	<p>Agreed by:</p> <p>(TSO)</p> <p>(Name) <u>LEONARD JANGGU ANAK BRIAN</u></p> <p>Signature </p> <p>Date <u>20/03/2025</u></p>
<p>Verified by:</p> <p>(HOD)</p> <p>(Name) <u>Acia Amman</u></p> <p>Signature <u>Acia</u></p> <p>Date <u>24/2/25</u></p>	