

# DIMENSION BID



**SLICKLINE SERVICES DEVELOPMENT PLAN**

**SA III > SSA I PROMOTION BOOKLET**

<b>FULL NAME:</b>	
<b>JOINED DATE:</b>	
<b>CONFIRMATION DATE:</b>	
<b>REGION:</b>	
<b>DIVISION:</b>	
<b>CONTROL DATE:</b>	



## SA III Control Process

SA III expectations are set according to your location's requirements, but below you will find some guidelines as minimum requirements to help you succeed in the process.

You may expect to start your SA III control within 18 - 30 months from joining Dimension Bid Sdn. Bhd, depending on your competency development progress. The SA III module is more technical and operations oriented combined with troubleshooting element. By this stage a SA III is expected to have executed most of SLS services.

The path for SA III to prepare for SSA I control will be:

- 1 Perform at least:
  - i. Sea Offshore Trips (at least 3 different job types) – List of job refer to Para 6.3 a. Slickline Personnel Competency Matrix, items no 40 – 59.
  - ii. Conduct 1ea Technical Presentation (preferably at DB KL Office)
  - iii. Conduct 1ea x HSSE SQ Presentation OR 1 HSE Contribution Activity
  - iv. Attend 3ea Technical In-house Training
  - v. Submit 1ea UAUC/day while offshore
- 2 Complete the following paperworks:
  - i. SLS-FORM-142: SLS CMS Slickline Assistant III Promotion Booklet
  - ii. SLS-FORM-149: SLS CMS Job Track Record
  - iii. SLS-FORM-150: Slickline Assistant Workbook (for new hire)
  - iv. SLS-FORM-13: Slickline Assistant Performance Assessment Feedback
  - v. Slickline Assistant III Training & Exam Module
  - vi. HR-FORM-09 : Performance Appraisal & Development Plan

### Note:

- 1 The HSSE presentation doesn't have to be self-made. You can use presentation from supplier or any other sources.
- 2 When preparing for the presentation, please expect questions from your audience. The presentation needs to demonstrate your full understanding in HSSE & SQ
- 3 During the HSSE presentation, you are expected to demonstrate your full understanding and awareness in HSSE & SQ
- 4 During the Technical presentation, you are expected to demonstrate your knowledge and understanding in Surface Equipment, Slickline DHT, Slickline Job Type and Challenges & Lesson Learnt.
- 5 Target audiences for the presentation are Slickline Operators or Support Role at your Location. The management will evaluate the presentation and sign-off your control sheet.

**Upon completion of the above requirement, please handover the complete package to your FSM who will then evaluate your eligibility for promotion together with OM for Management approval.**

## SLICKLINE ASSISTANT III EVALUATION SHEET SLICKLINE SERVICES

SLICKLINE ASSISTANT III DETAILS																											
FULL NAME										SENIORITY DATE																	
REGION			DIVISION			UNIT/SECTION			LOCATION			CONFIRMATION DATE															
Please tick (✓) at the relevant box the Competency Level of the Slickline Assistant III (L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding)																											
SAFETY					L1	L2	L3	L4	L5	ASSESSED BY	DATE	QUALITY					L1	L2	L3	L4	L5	ASSESSED BY	DATE				
DB HSE Policy					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					QMS & ISO knowledge					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Risk Assessment and Hazard Identification					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					DB Quality Policy & Objectives					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Field Safety and PTW Familiarization					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					DB Slickline Procedure and SOP					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Custodian Name and Position										Custodian Signature/Date																	
SERVICE QUALITY					L1	L2	L3	L4	L5	ASSESSED BY	DATE	SERVICE QUALITY					L1	L2	L3	L4	L5	ASSESSED BY	DATE				
Basic Knowledge of Slickline Services					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Slickline Job Preparation					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tools and Equipment Handling					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Post-job Preparation					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Custodian Name and Position										Custodian Signature/Date																	
PERSONAL QUALITY					L1	L2	L3	L4	L5	ASSESSED BY	DATE	PERSONAL QUALITY					L1	L2	L3	L4	L5	ASSESSED BY	DATE				
Learning Initiative					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Field Operations Readiness Status					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Time Discipline					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Stress Management					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Command/Instruction Handling					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Communication Skills - Writing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Self Confident					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Communication Skills - Speaking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Custodian Name and Position										Custodian Signature/Date																	
MANAGEMENT / ADMINISTRATION					L1	L2	L3	L4	L5	ASSESSED BY	DATE	MANAGEMENT / ADMINISTRATION					L1	L2	L3	L4	L5	ASSESSED BY	DATE				
Inventory Planning					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Inspection Knowledge					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Materials Planning					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Slickline Job Reporting					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Custodian Name and Position										Custodian Signature/Date																	
MANAGER'S COMMENTS					<i>Specify the candidate main strong points and development areas</i>																						
CANDIDATE'S COMMENTS					<i>Add comments about the support you have received from your tutor/location</i>																						
RECOMMENDED FOR NEXT POSITION ?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Remark : If NO, please submit e-mail to FSM and specify details here.																		
CANDIDATE'S SIGNATURE					INSTRUCTOR'S SIGNATURE					MANAGER'S SIGNATURE					DATE												

## SLICKLINE ASSISTANT III TECHNICAL EVALUATION SHEET

### SLICKLINE SERVICES

#### SLICKLINE ASSISTANT III DETAILS

FULL NAME				SENIORITY DATE	
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE	

#### TECHNICAL EVALUATION

Please tick (✓) at the relevant box the Competency Level of the Slickline Assistant III  
(L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding)

WIRESLINE	A	B	C	MAINTENANCE	A	B	C
Wireline Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unit/P.Pack/Winch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down Hole Tool Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well Head Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setup Surface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance Flow Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mast and Hoisting System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genset/Air Comp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custodian Name and Position	
Custodian Signature/Date	

Custodian Name and Position	
Custodian Signature/Date	

Trouble Shooting Skill	A	B	C	PCE	A	B	C
Surface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rig Up & Rig Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control Module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down Hole Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Control Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Control Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single Well Control Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWCP/T.Pump/Control Module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Test Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custodian Name and Position	
Custodian Signature/Date	

Custodian Name and Position	
Custodian Signature/Date	

Operation	A	B	C	GENERAL	A	B	C
Winch Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Tools Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logging/Perforating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fishing Tools Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custodian Name and Position	
Custodian Signature/Date	

Custodian Name and Position	
Custodian Signature/Date	

# DIMENSION BID

<b>INSTRUCTOR'S COMMENTS</b>			
<b>CANDIDATE'S COMMENTS</b>		<i>Add comments about the support you have received from your tutor/location</i>	
<b>INSTRUCTOR</b>		<b>DIVISION MANAGER</b>	
Recommend Promotion to Next Level?	Y <input type="checkbox"/> N <input type="checkbox"/>	Approve Promotion To Next Level ?	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>CANDIDATE'S SIGNATURE</b>	<b>INSTRUCTOR'S SIGNATURE</b>	<b>MANAGER'S SIGNATURE</b>	<b>DATE</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SLICKLINE ASSISTANT III EVALUATION CHECKLIST

### SLICKLINE SERVICES

#### SLICKLINE ASSISTANT III DETAILS

<b>FULL NAME</b>				<b>SENIORITY DATE</b>	
<b>REGION</b>	<b>DIVISION</b>	<b>UNIT/SECTION</b>	<b>LOCATION</b>	<b>CONFIRMATION DATE</b>	

#### SLICKLINE ASSISTANT III CHECKLIST

Done prior to final submission to HR

No Slickline Assistant Package will be processed by the HR if any of the points are missing.

#### TASK & REPORTS

- 5 x Offshore Trip (Please attach SLS-FORM-149 Job Track Record)
- 1ea x Technical Presentation (Preferably at DB KL Office - Please attach slide presentation)
- Completed Slickline Assistant III Training & Exam Module
- Attend 3ea x Technical Inhouse Training
- 1 ea UAUC per day (for every offshore trip) and signed by Safety Officer
- Completed Slickline Assistant Performance Assessment Feedback for for all jobs performed (refer Job Track Record)
- Completed Performance Appraisal & Development Plan

#### PAPERWORK

- Slickline Assistant III Evaluation Sheet
- Slickline Assistant III Technical Evaluation Sheet
- Job Tracking Record (Verified by FSM)
- Technical Slide Presentation (Verified by OM)
- Technical Inhouse Training Attendance
- 1ea UAUC per day and signed by Safety Officer
- SLS-FORM-13 : Slickline Assistant Performance Assessment Feedback
- HR-FORM-09 : Performance Appraisal & Development Plan

#### VERIFICATION

I hereby verify that the above paperworks and documents above has been checked and confirmed true. I further certify that all information contained herein is true and accurate.

I understand that any falsifying of any document above could result in disciplinary action and being denied access to Slickline Assistant program in future.

**PREPARED AND SUBMITTED BY**

SIGNATURE

NAME :

POS :

DATE :

**ENDORSEMENT**

All check points listed above have been verified completed by myself or my delegates.  
I Deem This Slickline Assistant III Candidate READY to be Promoted to Next Level

**VERIFIED BY****AGREED BY**

SIGNATURE

SIGNATURE

NAME :

NAME :

POS :

POS :

DATE :

DATE :

**FOR HR USAGE**

I hereby received this Slickline Assistant III package for processing  
I deem this Slickline Assistant III Candidate READY to be promoted to Next Level.

**RECEIVED BY**

SIGNATURE

NAME :

POS :

DATE :