

## INTERVIEW ASSESSMENT FORM (FOR SLICKLINE ASSISTANT)

(Reference: Workbook)

NAME OF EMPLOYEE	Mohd FAIZ ISRAELI m	DATE OF ASSESSMENT	28/2/25
POSITION	SLS ASST 2		

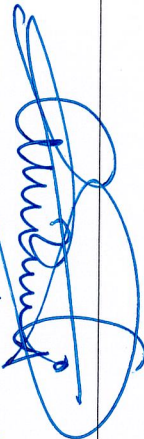

		RATING									
		(Rating benchmark: SLS Competency Matrix)									
		STRONG			ADEQUATE			IMPROVEMENT NEEDED			
		10	9	8	7	6	5	4	3	2	
<b>BASIC SAFETY</b>											
1.	PPE	10									
2.	Responsibilities	10									
3.	Policies	10									
4.	Hazard ID & Incident Report	10									
5.	Operational Safety	10									

Overall Comment:

Good and understanding the ~~the~~ Company Policy

# DIMENSION BID

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Assessor	Verified by
	
Name Travis M. Estey	Name Allegrison Akin
Date 28/2/25	Date 28.2.25