

DIMENSION BID

ASSESSMENT CHECKLIST

Unit: CAP 1.2 PLAN FOR WELL SERVICES OPERATIONS

Element: CAP 1.2.4 Rig-down Well Services Equipment And Hand Back Well

PC	Description of Performance Criteria	Description of Evidence	Source of evidence			Competence	Remarks
			O/I	SD	Q/A		
a	Assembly is dismantled in the required sequence using tools appropriate for the work.	Check via questioning on the proper equipment rig-down process and the use of the correct hand tools.	✓			C	
b	Equipment is safely dismantled from the system in accordance with operational requirements.	Permit to Work (PTW) compliance. Check via questioning on safe rigging-down process.	✓			C	
c	Defects in equipment are identified and appropriate remedial action taken within job holder's responsibility.	Job report. Records/logs on defective equipment repaired and/or returned to workshop. Check via questioning that candidate recognises the individual role and responsibility on this element.	✓			C	
d	Equipment is handled without damage using safe lifting and handling techniques.	Check via questioning to ascertain candidate's understanding on safe lifting and handling techniques.	✓			C	

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Dimension Bid Competency Assurance Program

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			O/I	SD	Q/A		
e	Working practices are safe and conform to statutory and operational requirements.	PTW compliance. Job report. Field observation. Check via questioning on candidate's understanding on safe working practices in line with statutory and operational requirements.				C	
f	Well is handed back in accordance with operational requirements.	Job report. PTW compliance – PTW is signed-off accordingly. Third Party feedback. Check via questioning on the importance of proper well hand back.				C	
g	Operational report is produced and submitted to relevant personnel.	Job report. Third Party feedback. Check via questioning on the need for operation report.				C	

Legend:

DIMENSION BID

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

Assessed by:	Agreed by:	Verified by:
<i>Gracie McHenry</i>	(TSO)	(HOD)
(Name)	(Name)	<i>Alicia Amador</i>
Signature	Signature	Signature
Date	Date	Date
<i>4/3/25</i>		<i>20/3/25</i>

