

DIMENSION BID



FULL NAME:	IMAN GULNELMI B. ZAKARIA
JOINED DATE:	06/03/2023
CONFIRMATION DATE:	01/08/2023
REGION:	REMANAN
DIVISION:	SLS
CONTROL DATE:	

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Trainee Slickline Assistant Control Process

TSA 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 do your control after 2 trips offshore or within 12 months from joining Dimension Bid Sdn. Bhd. TSA must possess basic knowledge in SLS operations in order to meet your required competency level in SLS common services.

The path for TSA to prepare for SA II control will be:

1. Perform at least:
 - i. 2ea Offshore Trips (5 or 6 times Trip for Control Panel Job is only count as 1 offshore trip) – List of job refer to Para 6.3 a. Slickline Personnel Competency Matrix, items no 40 – 59.
 - ii. Conduct 1ea x HSSE SQ Presentation OR 1 HSE Contribution Activity
 - iii. Attend 3ea Technical In-house Training
 - iv. Submit 1ea UAUC/day while offshore
2. Complete the following paperworks:
 - i. SLS-FORM-140: SLS CMS Trainee Slickline Assistant Promotion Booklet
 - ii. SLS-FORM-149: SLS CMS Job Track Record
 - iii. SLS-FORM-150: Slickline Assistant Workbook
 - iv. SLS-FORM-13 : Slickline Assistant Performance Assessment Feedback
 - v. HR-FORM-09 : Performance Appraisal & Development Plan

Note:

The HSSE presentation doesn't have to be self-made. You can use presentation from supplier or any other sources.

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.

When preparing for the presentation, please expect questions from your audience.

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.

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TRAINEE SLICKLINE ASSISTANT EVALUATION SHEET SLICKLINE SERVICES

TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME IMAN JULHILMI B. SARAKIA				SENIORITY DATE 06/03/2019	
REGION EMAMATAN	DIVISION JCS	UNIT/SECTION OFFSHORE	LOCATION KSB	CONFIRMATION DATE 01/01/2019	

Please tick (✓) at the relevant box the Competency Level of the Trainee Slickline Assistant (L1-Awareness, L2-Basic, L3-Skilled)

SAFETY	L1	L2	L3	ASSESSED BY	DATE	QUALITY	L1	L2	L3	ASSESSED BY	DATE
DB HSE Policy <i>ahmad</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FITRI	17/10	QMS & ISO knowledge <i>Hafzan</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAFZAN	17/10
Hazard Identification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FITRI	17/10	DB Quality Policy & Objectives	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAFZAN	17/10
Field Safety and PTW Familiarization	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FITRI	17/10	DB Slickline Procedure and SOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAFZAN	17/10

Custodian Name and Position FITRI	Custodian Signature/Date HAFZAN MABUD 17/10
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SERVICE QUALITY	L1	L2	L3	ASSESSED BY	DATE	SERVICE QUALITY	L1	L2	L3	ASSESSED BY	DATE
Basic Knowledge of Slickline Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10	Slickline Job Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10
Tools and Equipment Handling <i>+ opm</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10	Post-job Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10

Custodian Name and Position JAHRIAN / SCSO	Custodian Signature/Date JAHRIAN / SCSO
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PERSONAL QUALITY	L1	L2	L3	ASSESSED BY	DATE	PERSONAL QUALITY	L1	L2	L3	ASSESSED BY	DATE
Learning Initiative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10	Field Operations Readiness Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10
Time Discipline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10	Stress Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10
Command/Instruction Handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10	Communication Skills - Writing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10
Self Confident	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10	Communication Skills - Speaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10

Custodian Name and Position JAHRIAN / SCSO	Custodian Signature/Date JAHRIAN / SCSO
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MANAGEMENT / ADMINISTRATION	L1	L2	L3	ASSESSED BY	DATE	MANAGEMENT / ADMINISTRATION	L1	L2	L3	ASSESSED BY	DATE
Inventory Planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10	Inspection Knowledge <i>+ TSM</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TSM	17/10
Materials Planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sahrizan	15/10	Slickline Job Reporting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TSM	17/10

Custodian Name and Position JAHRIAN / SCSO	Custodian Signature/Date TSM / 17/10/19
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MANAGER'S COMMENTS *Specify the candidate main strong points and development areas*

TSM been to offshore for a few trips. Able to perform his task efficiently.

CANDIDATE'S COMMENTS *Add comments about the support you have received form your tutor/location*

Overall Good.

RECOMMENDED FOR NEXT POSITION ? YES NO Remark : If NO, please submit e-mail to FSM and specify details here.

CANDIDATE'S SIGNATURE <i>Iman</i>	INSTRUCTOR'S SIGNATURE <i>opm</i>	MANAGER'S SIGNATURE <i>TSM</i>	DATE
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DIMENSION BID

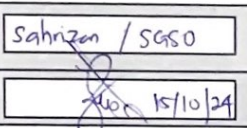
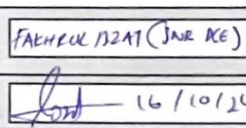
TRAINEE SLICKLINE ASSISTANT TECHNICAL EVALUATION SHEET SLICKLINE SERVICES

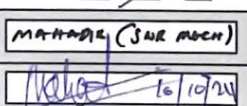
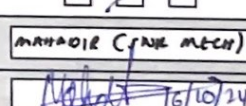
TRAINEE SLICKLINE ASSISTANT DETAILS

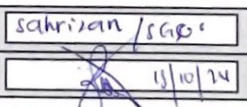
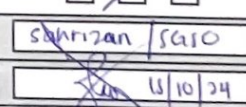
FULL NAME				SENIORITY DATE	
/MANU DULHILMI B. ZAKARIA				06/03/2023	
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE	
KEMAMAU	SLS	OFFSHORE	KSB	01/08/2023	

TECHNICAL EVALUATION

Please tick (✓) at the relevant box the Competency Level of the Trainee Slickline Assistant (L1-Awareness, L2-Basic, L3-Skilled)

BASIC WIRELINE	A	B	C	BASIC PCE	A	B	C
Wireline Rig-up/Rig-down Operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rig Up & Rig Down	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wireline Winch Operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Control Module	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wireline Well Exit Procedure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure Control Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wireline Cable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single Well Control Panel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Pressure Test Pump	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position	Sahrizan / SCSO			Custodian Name and Position	FAHEUK ISAT (JNR KE)		
Custodian Signature/Date	 15/10/24			Custodian Signature/Date	 16/10/24		

BASIC SURFACE EQUIPMENT OPERATION	A	B	C	BASIC SURFACE EQUIPMENT OPERATION	A	B	C
Slimline Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Air Compressor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Power Pack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spooling Control System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reel Skid Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hydraulic System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mast	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric & Electronic System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position	MANAR (JNR MECH)			Custodian Name and Position	MANAR (JNR MECH)		
Custodian Signature/Date	 16/10/24			Custodian Signature/Date	 16/10/24		

BASIC MEASUREMENT	A	B	C	GENERAL	A	B	C
Depth Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Basic Down Hole Tool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Winch Man Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTW Familiarization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position	Sahrizan / SCSO			Custodian Name and Position	Sahrizan / SCSO		
Custodian Signature/Date	 15/10/24			Custodian Signature/Date	 15/10/24		

INSTRUCTOR'S COMMENTS

→FSM Good.

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TRAINEE SLICKLINE ASSISTANT TECHNICAL EVALUATION SHEET SLICKLINE SERVICES

CANDIDATE'S COMMENTS

Add comments about the support you have received from your tutor/location

OVERALL GOOD

INSTRUCTOR

Recommend Promotion to Next Level?

Y N

DIVISION MANAGER

Approve Promotion To Next Level ?

Y N

CANDIDATE'S SIGNATURE

[Handwritten Signature]


INSTRUCTOR'S SIGNATURE

[Handwritten Signature] 17110

MANAGER'S SIGNATURE

DATE

DIMENSION BID

TRAINEE SLICKLINE ASSISTANT EVALUATION CHECKLIST				
SLICKLINE SERVICES				
TRAINEE SLICKLINE ASSISTANT DETAILS				
FULL NAME				SENIORITY DATE
IMAN ZULHUMI B. ZAFARIA				06/03/2023
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE
KENYAMAN	JCS	OFFSHORE	KSB	01/08/2023
TRAINEE SLICKLINE ASSISTANT 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				
<input type="checkbox"/>	Completed Slickline Assistant Workbook (Please attach SLS-FORM-150 Slickline Assistant Workbook)			
<input type="checkbox"/>	2 x Offshore Trip (Please attach SLS-FORM-149 Job Track Record)			
<input type="checkbox"/>	1ea x HSE SQ Presentation OR 1 HSE Contibution Activity			
<input type="checkbox"/>	Attend 3ea x Technical Inhouse Training (Please attach Attendance Form)			
<input type="checkbox"/>	1 ea UAUC per day (for every offshore trip) and signed by Safety Officer			
<input type="checkbox"/>	Completed Slickline Assistant Performance Assessment Feedback for for all jobs performed (refer Job Track Record)			
<input type="checkbox"/>	Completed Performance Appraisal & Development Plan			
PAPERWORK				
<input type="checkbox"/>	Trainee Slickline Assistant Evaluation Sheet			
<input type="checkbox"/>	Trainee Slickline Assistant Technical Evaluation Sheet			
<input type="checkbox"/>	SLS-FORM-150 Slickline Assistant Workbook			
<input type="checkbox"/>	Job Tracking Record (Verified by FSM)			
<input type="checkbox"/>	HSE SQ Slide Presentation signed by Safety Officer			
<input type="checkbox"/>	Technical Inhouse Training Attendance			
<input type="checkbox"/>	1ea UAUC per day and signed by Safety Officer			
<input type="checkbox"/>	SLS-FORM-13 : Slickline Assistant Performance Assessment Feedback			
<input type="checkbox"/>	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 Wireline Assistant program in future.				
PREPARED AND SUBMITTED BY				
 SIGNATURE				
NAME : IMAN ZULHUMI B. ZAFARIA POS : TRAINEE SLICKLINE ASSISTANT DATE : 17/10/24				

DIMENSION BID

ENDORSEMENT

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

VERIFIED BY



AGREED BY

SIGNATURE

NAME : AFIQ AMAN BIN HASSAN

POS : FM

DATE : 17/10

SIGNATURE

NAME :

POS :

DATE :

FOR HR USAGE

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

RECEIVED BY

SIGNATURE

NAME :

POS :

DATE :