

# DIMENSION BID



**SLICKLINE SERVICES DEVELOPMENT PLAN**

**TSA > SA II PROMOTION BOOKLET**

FULL NAME:	Muhd Hasnawi B. Jidarso
JOINED DATE:	
CONFIRMATION DATE:	
REGION:	East Malaysia
DIVISION:	Slickline
CONTROL DATE:	12.8.2024

# DIMENSION BID



## 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.**

## TRAINEE SLICKLINE ASSISTANT EVALUATION SHEET SLICKLINE SERVICES

### TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME

SENIORITY DATE

Muhd Hasnawi B. Pudarsa

REGION

DIVISION

UNIT/SECTION

LOCATION

CONFIRMATION DATE

EMO

Slickline

Operation

Labuan

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]	12-8-24	QMS & ISO knowledge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	12-8-24
Hazard Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]	12-8-24	DB Quality Policy & Objectives	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	12-8-24
Field Safety and PTW Familiarization	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]		DB Slickline Procedure and SOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	

Custodian Name and Position: Alleyson / FSM Custodian Signature/Date: [Signature] / 12-8-24

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"/>	[Signature]	12-8-24	Slickline Job Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	12-8-24
Tools and Equipment Handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]		Post-job Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	

Custodian Name and Position: Alleyson / FSM Custodian Signature/Date: [Signature] / 12-8-24

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"/>	[Signature]		Field Operations Readiness Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	
Time Discipline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	12-8-24	Stress Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	12-8-24
Command/Instruction Handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]		Communication Skills - Writing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	
Self Confident	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]		Communication Skills - Speaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	

Custodian Name and Position: Alleyson / FSM Custodian Signature/Date: [Signature] / 12-8-24

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"/>	[Signature]	12-8-24	Inspection Knowledge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	12-8-24
Materials Planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]		Slickline Job Reporting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]	

Custodian Name and Position: Alleyson / FSM Custodian Signature/Date: [Signature] / 12-8-24

**MANAGER'S COMMENTS** *Specify the candidate main strong points and development areas*  
 - Ready for next promotion

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

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

CANDIDATE'S SIGNATURE: [Signature] INSTRUCTOR'S SIGNATURE: [Signature] MANAGER'S SIGNATURE: [Signature] DATE: 12.8.24

## TRAINEE SLICKLINE ASSISTANT TECHNICAL EVALUATION SHEET SLICKLINE SERVICES

### TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME				SENIORITY DATE	
Muhd Hasnawi B. Sutarso					
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE	
EMO	SLICKLINE	Operation	Labuan		

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control Module	NA	<input type="checkbox"/>	<input type="checkbox"/>
Wireline Well Exit Procedure	<input checked="" type="checkbox"/>	<input 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				Custodian Name and Position			
Alleyson / FSM				Alleyson / FSM			
Custodian Signature/Date				Custodian Signature/Date			
Alleyson 12.8.24				Alleyson 12.8.24			

BASIC SURFACE EQUIPMENT OPERATION	A	B	C	BASIC SURFACE EQUIPMENT OPERATION	A	B	C
Slimline Unit	<input checked="" type="checkbox"/>	<input 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	NA	<input 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	NA	<input type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position				Custodian Name and Position			
Alleyson / FSM				Alleyson / FSM			
Custodian Signature/Date				Custodian Signature/Date			
Alleyson 12.8.24				Alleyson 12.8.24			

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 type="checkbox"/>	<input checked="" type="checkbox"/>
Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTW Familiarization	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Custodian Name and Position				Custodian Name and Position			
Alleyson / FSM				Alleyson / FSM			
Custodian Signature/Date				Custodian Signature/Date			
Alleyson 12.8.24				Alleyson 12.8.24			

#### INSTRUCTOR'S COMMENTS

Ready for next promotion

## TRAINEE SLICKLINE ASSISTANT TECHNICAL EVALUATION SHEET SLICKLINE SERVICES

### CANDIDATE'S COMMENTS

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

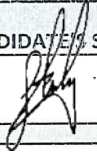
**INSTRUCTOR**  
Recommend Promotion to Next Level?

Y  N


**DIVISION MANAGER**  
Approve Promotion To Next Level ?

Y  N

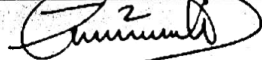
CANDIDATE'S SIGNATURE



INSTRUCTOR'S SIGNATURE



MANAGER'S SIGNATURE



DATE

12-8-24

## TRAINEE SLICKLINE ASSISTANT EVALUATION CHECKLIST SLICKLINE SERVICES

### TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME				SENIORITY DATE	
<input style="width: 100%; height: 20px;" type="text" value="Muhd Hasnawi Sudarso"/>				<input style="width: 100%; height: 20px;" type="text"/>	
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE	
<input style="width: 100%; height: 20px;" type="text" value="EMO"/>	<input style="width: 100%; height: 20px;" type="text" value="Slickline"/>	<input style="width: 100%; height: 20px;" type="text" value="Operation"/>	<input style="width: 100%; height: 20px;" type="text" value="Labuan"/>	<input style="width: 100%; height: 20px;" type="text"/>	

### 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

- Completed Slickline Assistant Workbook (Please attach SLS-FORM-150 Slickline Assistant Workbook)
- 2 x Offshore Trip (Please attach SLS-FORM-149 Job Track Record)
- 1ea x HSE SQ Presentation OR 1 HSE Contribution Activity
- Attend 3ea x Technical Inhouse Training (Please attach Attendance Form)
- 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

- Trainee Slickline Assistant Evaluation Sheet
- Trainee Slickline Assistant Technical Evaluation Sheet
- SLS-FORM-150 Slickline Assistant Workbook
- Job Tracking Record (Verified by FSM)
- HSE SQ Slide Presentation signed by Safety Officer
- 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 Wireline Assistant program in future.

PREPARED AND SUBMITTED BY

SIGNATURE

NAME : MUHD HASNAWI SUDARSO  
POS : TSA  
DATE : 12.8.24

# 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

*Alleyson*

SIGNATURE

NAME : Alleyson Akin

POS : FOM

DATE : 12-8-24

AGREED BY

*Gazali Mehry*

SIGNATURE

NAME : GAZALI MEHRY

POS : OM

DATE : 12.8.24

## 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 :