

DIMENSION BID

Dimension Bid Competency Assurance Program

ASSESSMENT CHECKLIST

Unit: CAP 1.2 PLAN FOR WELL SERVICES OPERATIONS

Element: CAP 1.2.1 Plan Operational Requirements

PC	Description of Performance Criteria	Description of Evidence	Source of evidence			Competence	Remarks
			O/I	SD	Q/A		
a	Operation programs are prepared in accordance with objective plan.	Examine evidence on operation program (work action plan) against the Well Services objective programs. Check via questioning (oral/written) for under-pinning knowledge on the Well Services objective programs (include related procedures)	✓			C	
b	Difficulties in carrying out the operations are clarified with the relevant personnel.	Check via questioning (oral/written) for candidate's understanding on the process to go about an unclear objective programs. (Third Party feedback will be helpful and supportive i.e. from immediate supervisors, OIM, WS)	✓			C	

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PC	Description of Performance Criteria	Description of Evidence	Source of evidence			Competence	Remarks
			O/I	SD	Q/A		
c	Permit to Work is obtained in accordance with organisational and statutory requirements.	Confirm via the evidence (e.g. PTW forms) submitted. Check via questioning (oral/written), the under-pinning knowledge on the process of applying a PTW. Check understanding on PTW procedures.	✓			C	
d	Third party utilities are verified in accordance with operational and statutory requirements.	Check evidence on valid equipment passport.	✓			C	
e	Required quantities and types of materials and equipment are sourced timely.	Check via questioning (oral/written) for candidate's understanding on the objective programs. Tools and materials required for a particular job. To provide evidence on materials and equipment checklist (materials requisition, inventory checklist and equipment checklist).	✓			C	
f	Errors, omissions, and shortages of equipment are identified and appropriate remedial action taken.	Check candidate's under-pinning knowledge and awareness via questioning (oral/written).	✓			C	

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Legend:

Source of Evidence:

O/I	Observation / Interview
C	Competent

Supporting Document

SD	Not Yet Competent
NYC	Competent

Written Questions & Answers

Q / A

OVERALL SCORE	STRONG			ADEQUATE			IMPROVEMENT NEEDED				
	10	9	8	7	6	5	4	3	2	1	0
	10										

Assessed by:

[Signature]

Agreed by:
(TSO)

Verified by:
(HOD)

(Name)

GAZ
Operative
Dimension Bid
Labuan Welding
Sickline Services

(Name)

AFIN Ahmad
(Name)

Signature

[Signature]

Signature

Signature

Date

20/3/25

Date

20/3/25
Date

