

# DIMENSION BID

## SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

(PART 1: To be completed by Assessor)

Name	Malkyzidek Yehu Jerry	COB Date	22/04/2024
Position	Slickline assistant	RTB Date	3/5/2024
Client	ROC	Location	D21 DRILLING
Platform	D21	Well	A13-A9
Assessed By	Name: Mohd Sharfizie	Position:	Slickline operator

**RATING LEGEND:**

**STRONG** Performance consistently exceeded expectations in all essential areas of responsibility, and the quality of work overall was excellent

**ADEQUATE** Performance consistently met expectations in all areas of responsibility, at times possibly exceeding expectations, and the quality of work overall was very good

**IMPROVEMENT NEEDED** Performance did not consistently met expectations - performance failed to meet expectations in one or more essential areas of responsibility

Assessment Criteria	Rating (Please ✓ where appropriate)								
	STRONG			ADEQUATE			IMPROVEMENT NEEDED		
	10	9	8	7	6	5	4	3	2

**Safety Awareness (20%)**

- a. Usage of Personal Protective Equipment
- b. Participation in ACT
- c. Understanding of PTW System
- d. Worksite House Keeping

	✓								
	✓								
		✓							

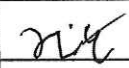
**Work Performance (20%)**

- e. Initiative and Creativity
- f. Decision Making Capability
- g. Understanding of Job Scope
- h. Tools Inventory and Reporting
- i. Work Quality
- j. Reporting
- k. Punctuality and Time Keeping
- l. Teamwork
- m. Communication
- n. Leadership Skills
- o. Adaptability to Work Environment/Surrounding
- p. Attitude
- q. Discipline

	✓								
	✓								
	✓								
		✓							
		✓							
	✓								
	✓								
		✓							
	✓								
	✓								

**REMARKS/COMMENTS/FEEDBACK ON PERFORMANCE OR AREAS OF IMPROVEMENT:**

- He responsible / Fully Comitted on his task
- He know how to execute the activiti
- He has leadership
- Decomended to break out.

Assessed By [Operator]	
Name	Mohd Sharfizie
Date	3/5/2024

Doc.Ref.No.: SLS-FORM-13

Revision No.: 03

Effective Date: 22/05/2023

(Rev.02, Dated:14/06/19-OBSOLETE)

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## SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

(PART 2: To be completed by Employee and Assessor)

Type of Task	Tasks Performed	Assessor Comment								
<b>1. Pre-Job Preparation</b>	-) CHECK ALL HOSES WAS TIGHT AND SECURE -)JENSURE ALL TOOLS BEING PREPARED PRIOR TO JOB BEING PERFORM -)BARRICADE WORKSITE & WELLHEAD AREA BEFORE PERFORME RIGGING UP -)CHECK WELL CONDITION TO KNOW IF THERES POTENTIAL PASSING ON VALVE -)WALK THE LINE BEFORE START RIGGING UP AND IDENTIFY ANY HAZARD									
	<b>Rating (by Operator)</b>	<b>STRONG</b>			<b>ADEQUATE</b>			<b>IMPROVEMENT NEEDED</b>		
		10	9	8	7	6	5	4	3	2
<b>2. Surface Equipment Rig-up</b>	PP -)CHECK RADIATOR WATER -)CHECK HYDRAULIC LEVEL CHECK -)TOP UP FUEL IF NEEDED -)CHECK ENGINE OIL LEVEL -)CHECK IF TEMP LEVEL IS WORKING -)CLEAN FLAME TRAP IF NEEDED -)PRESSURE GAUGE FOR PUMP IS WORKING WELL -)CHECK ALL CONNECTING & HOSES IF ANY LEAK									
	<b>Rating (by Operator)</b>	<b>STRONG</b>			<b>ADEQUATE</b>			<b>IMPROVEMENT NEEDED</b>		
		10	9	8	7	6	5	4	3	2
<b>3. Tools / Equipment Preparation</b>										
	<b>Rating (by Operator)</b>	<b>STRONG</b>			<b>ADEQUATE</b>			<b>IMPROVEMENT NEEDED</b>		
		10	9	8	7	6	5	4	3	2
<b>4. Equipment Problem Troubleshooting</b> <i>[Please state type of equipment and describe troubleshooting job performed]</i>										
	<b>Rating (by Operator)</b>	<b>STRONG</b>			<b>ADEQUATE</b>			<b>IMPROVEMENT NEEDED</b>		
		10	9	8	7	6	5	4	3	2
<b>5. Downhole Tools Servicing/Redressing/Maintenance</b>										
	<b>Rating (by Operator)</b>	<b>STRONG</b>			<b>ADEQUATE</b>			<b>IMPROVEMENT NEEDED</b>		
		10	9	8	7	6	5	4	3	2

Type of Task	Tasks Performed	Assessor Comment																				
6. Tools Inventory & Reporting																						
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7. Equipment Operation	[Operator to rate TSA / SA / SSA competency in operating the equipment]																					
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	Power Pack																					
	Air Compressor																					
	GenSet																					
	Control Panel																					
	Test Pump																					
	Pressure Control Equipment																					
Mast																						
Weight & Measuring Devices																						
Downhole Tools																						
Total		0	0	0	0	0	0	0	0													
Comments by Operator <i>[please specify competency gaps / area of improvement]</i>																						
<b>EXECUTE THE WELL SERVICES OPERATION (IF ANY)</b> <b>(Operating Winch)</b>																						
Date / Location / Well No. / Job Type	Activity Summary	Toolstring Configuration																				
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