

DIMENSION BID



FULL NAME:	Muhammad Agish Bin Zainuddin
JOINED DATE:	27.11.2023
CONFIRMATION DATE:	23.6.2024
REGION:	East Malaysia
DIVISION:	Slickline Services
CONTROL DATE:	14 - Nov - 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.

DIMENSION BID

TRAINEE SLICKLINE ASSISTANT EVALUATION SHEET SLICKLINE SERVICES

TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME MUHAMMAD AGUSH BIN ZAINUDIN				SENIORITY DATE 	
REGION SARAWAK	DIVISION SLICKLINE	UNIT/SECTION OPERATION	LOCATION LABUAN	CONFIRMATION DATE # 23/6/2024	

EAST MALAYSIA 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DB HSE Policy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amin	14.11.24	QMS & ISO knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amin	14.11.24
Hazard Identification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			DB Quality Policy & Objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Field Safety and PTW Familiarization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			DB Slickline Procedure and SOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Custodian Name and Position: _____ Custodian Signature/Date: _____

SERVICE QUALITY	L1 L2 L3			ASSESSED BY	DATE	SERVICE QUALITY	L1 L2 L3			ASSESSED BY	DATE
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Basic Knowledge of Slickline Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amin	14.11.24	Slickline Job Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amin	14.11.24
Tools and Equipment Handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Post-job Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Custodian Name and Position: _____ Custodian Signature/Date: _____

PERSONAL QUALITY	L1 L2 L3			ASSESSED BY	DATE	PERSONAL QUALITY	L1 L2 L3			ASSESSED BY	DATE
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Learning Initiative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amin	14.11.24	Field Operations Readiness Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amin	14.11.24
Time Discipline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Stress Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Command/Instruction Handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Communication Skills - Writing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Self Confident	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Communication Skills - Speaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Custodian Name and Position: _____ Custodian Signature/Date: _____

MANAGEMENT / ADMINISTRATION	L1 L2 L3			ASSESSED BY	DATE	MANAGEMENT / ADMINISTRATION	L1 L2 L3			ASSESSED BY	DATE
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Inventory Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amin	14.11.24	Inspection Knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amin	14.11.24
Materials Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Slickline Job Reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Custodian Name and Position: **AMINI FAZLAN / FSM** Custodian Signature/Date: _____

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*

- Every department of maintenance team give a very good lecture.
- Good Training plan

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

CANDIDATE'S SIGNATURE 	INSTRUCTOR'S SIGNATURE 	MANAGER'S SIGNATURE 	DATE 12. 14.11.24
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DIMENSION BID

TRAINEE SLICKLINE ASSISTANT TECHNICAL EVALUATION SHEET SLICKLINE SERVICES

TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME				SENIORITY DATE	
MUHAMMAD AQSH BIN ZAINUDIN					
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE	
EAST MALAYSIA	SLICKLINE	OPERATION	LABUAN	23 / 6 / 2024	

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 N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wireline Well Exit Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Control Equipment	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position				Custodian Name and Position			
Amini / FSM				Amini / FSM			
Custodian Signature/Date				Custodian Signature/Date			
Amini / FSM				Amini / FSM			

BASIC SURFACE EQUIPMENT OPERATION	A	B	C	BASIC SURFACE EQUIPMENT OPERATION	A	B	C
Slimline Unit N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Compressor N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Pack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spooling Control System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reel Skid Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric & Electronic System N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position				Custodian Name and Position			
Amini / PSM				Amini / PSM			
Custodian Signature/Date				Custodian Signature/Date			
Amini / PSM				Amini / PSM			

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				Custodian Name and Position			
Amini / PSM				Amini / PSM			
Custodian Signature/Date				Custodian Signature/Date			
Amini / PSM				Amini / PSM			

INSTRUCTOR'S COMMENTS

- Knowledgeable, ready for promotion

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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

- Good training plan
- Every crew at the offshore was so helpful.

INSTRUCTOR

Recommend Promotion to Next Level?

Y N

DIVISION MANAGER

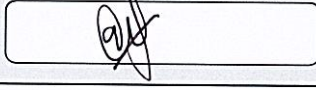
Approve Promotion To Next Level ?

Y N

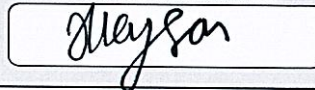
CANDIDATE'S SIGNATURE



INSTRUCTOR'S SIGNATURE



MANAGER'S SIGNATURE



DATE

14/11/24

TRAINEE SLICKLINE ASSISTANT EVALUATION CHECKLIST SLICKLINE SERVICES																										
TRAINEE SLICKLINE ASSISTANT DETAILS																										
FULL NAME <div style="border: 1px solid black; padding: 2px;"> MUHAMMAD AQISH BIN ZAINUDIN </div>					SENIORITY DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																					
REGION <div style="border: 1px solid black; padding: 2px;"> EAST MALAYSIA </div>	DIVISION <div style="border: 1px solid black; padding: 2px;"> SLICKLINE </div>	UNIT/SECTION <div style="border: 1px solid black; padding: 2px;"> OPERATION </div>	LOCATION <div style="border: 1px solid black; padding: 2px;"> LABUAN </div>	CONFIRMATION DATE <div style="border: 1px solid black; padding: 2px;"> 26 23 16 / 2024 </div>																						
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																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 40%;">Completed Slickline Assistant Workbook</td> <td style="width: 30%;">(Please attach SLS-FORM-150 Slickline Assistant Workbook)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>2 x Offshore Trip</td> <td>(Please attach SLS-FORM-149 Job Track Record)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>1ea x HSE SQ Presentation OR 1 HSE Contribution Activity</td> <td></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Attend 3ea x Technical Inhouse Training</td> <td>(Please attach Attendance Form)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>1 ea UAUC per day (for every offshore trip) and signed by Safety Officer</td> <td></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Completed Slickline Assistant Performance Assessment Feedback for all jobs performed (refer Job Track Record)</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Completed Performance Appraisal & Development Plan</td> <td></td> </tr> </table>						<input checked="" type="checkbox"/>	Completed Slickline Assistant Workbook	(Please attach SLS-FORM-150 Slickline Assistant Workbook)	<input checked="" type="checkbox"/>	2 x Offshore Trip	(Please attach SLS-FORM-149 Job Track Record)	<input checked="" type="checkbox"/>	1ea x HSE SQ Presentation OR 1 HSE Contribution Activity		<input checked="" type="checkbox"/>	Attend 3ea x Technical Inhouse Training	(Please attach Attendance Form)	<input checked="" type="checkbox"/>	1 ea UAUC per day (for every offshore trip) and signed by Safety Officer		<input checked="" type="checkbox"/>	Completed Slickline Assistant Performance Assessment Feedback for all jobs performed (refer Job Track Record)		<input type="checkbox"/>	Completed Performance Appraisal & Development Plan	
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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 <div style="text-align: center; margin-top: 10px;"> </div>																										
SIGNATURE NAME : MUHAMMAD AQISH BIN ZAINUDIN POS : TSA DATE : 23/11/2024																										

DIMENSION BID

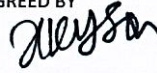
ENDORSEMENT

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 : AMINI FADLAN ABU ZAMIR
POS : FSM
DATE : 14-11-2024

SIGNATURE

NAME : Alleyson Alvin
POS : OM
DATE : 14.11.24

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 : MUHAMMAD AQISH BIN ZAINUDIN
POS : TSA
DATE : # 15/11/2024