

**ASSESSMENT CHECKLIST**

Unit: CAP 1.2 PLAN FOR WELL SERVICES OPERATIONS

Element: CAP 1.2.2 Select And Test Well Services Equipment

PC	Description of Performance Criteria	Description of Evidence	Source of evidence			Competence	Remarks
			O/I	SD	Q/A		
						C / NYC	
a	Equipment identified and selected is appropriate for the work to be performed, and conforms to operational requirements.	Examine evidence (e.g. tool listing, checks required). Check via questioning for underpinning knowledge, function of tools and equipment.	✓			C	
b	Equipment is confirmed functional, fit for the work to be performed and the environment in which it will be used.	Check understanding of test procedure and guidelines related to operation. Job reports. Confirm through questioning on underpinning knowledge and field observation report.	✓			C	
c	An accurate record/schematic of the bottom hole assembly (BHA) is prepared in accordance with operational requirements.	Report/record evidence of tools used during the operation. Questions on underpinning knowledge and field observation report.	✓			C	
d	Defects in equipment are identified and appropriate remedial action taken.	Examine records on action taken on defective tool (equipment dispatch report and defective checklist reports). Check via questioning to verify the action taken and field observation.	✓			C	

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f	When necessary advice and support are sought from relevant personnel.	Field observation - share knowledge or seek advice. Check assignment on simulated problems and note action taken. Feedback from Third Party.	✓			C	
e	Working practices are safe and conform to statutory and operational requirements.	Field observation - PTW, PPE. Answers to question related to safety and requirement. Understanding of Company's Policy.	✓			C	

**Legend:**

**Source of Evidence:** O/I Observation / Interview


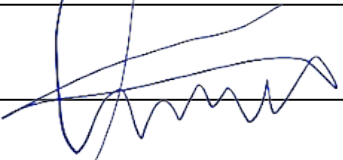

SD Supporting Document

Q/A Written Questions & Answers

**Competence** C Competent

NYC Not Yet Competent

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

<b>Assessed by:</b> (Operator)	<b>Agreed by:</b> (TSO)	<b>Verified by:</b> (FSM)
LARRY ANAK PULIH	Arvince Terrance	ALLEYSON AKIN DIMENSION BID (M) SDN BHD East Malaysia Operation
(Name)	(Name)	(Name)
		
Signature	Signature	Signature
22/03/2024	17/4/2024	17/4/24
Date	Date	Date

**SITE OBSERVATION CHECKLIST**

**Unit: CAP 1.2    PLAN FOR WELL SERVICES OPERATIONS**

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PC	Description	Yes	No
a, b	Check integrity of Christmas tree valves	✓	
a, b	Check wireline winch lever, brake and gear	✓	
a, b	Check power pack hydraulic oil, diesel and motor oil	✓	
a, b	Check tools fishing neck and threads	✓	
a, b	Test for releasing of pulling tools	✓	
a, b, c	Check weight indicator gap within acceptable range	✓	
a, b, c	Assembly of B-7/FX/EWRDP done correctly	✓	
a, b, c	Check B-7 No-go OD	✓	
a, b, c	Pinning and testing of pulling tools -GS/JDC/RS/SB	✓	
a, b, c	Making of rope socket -0.092", 0.108" and 3/16"	✓	
a, b, c	Testing of wire in the field	✓	
a, b, c, d	Equipment and tools kept and layout safely	✓	
a, b, c, d	Assembly of XN/XX plug done correctly	✓	
a, b, d	Check validity of lubricators, BOP, stuffing box	✓	
a, b, d, e	Function test of service tools	✓	
a, b, d, e	Testing of Lubricator/BOP after rig up	✓	
a, b, d, e	Check flame trap clean	✓	
a, b, e	Function testing of SWCP	✓	
a, b, d, e	Check surface lines	✓	
b	Tool inventory available	✓	
e	Valid PTW	✓	
e	Check lifting equipment validity -chain hoist, gantry crane	✓	
e	House keeping of work site	✓	