

DIMENSION BID



FULL NAME:	LENNON CHUNG
JOINED DATE:	
CONFIRMATION DATE:	
REGION:	EAST MALAYSIA OPERATION
DIVISION:	SLICKLINE-OPERATION
CONTROL DATE:	10.10.23



SA III Control Process

SA III 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 start your SA III control within 18 - 30 months from joining Dimension Bid Sdn. Bhd, depending on your competency development progress. The SA III module is more technical and operations oriented combined with troubleshooting element. By this stage a SA III is expected to have executed most of SLS services.

The path for SA III to prepare for SSA I control will be:

- 1 Perform at least:
 - i. Sea Offshore Trips (at least 3 different job types) – List of job refer to Para 6.3 a. Slickline Personnel Competency Matrix, items no 40 – 59.
 - ii. Conduct 1ea Technical Presentation (preferably at DB KL Office)
 - iii. Conduct 1ea x HSSE SQ Presentation OR 1 HSE Contribution Activity
 - iv. Attend 3ea Technical In-house Training
 - v. Submit 1ea UAUC/day while offshore
- 2 Complete the following paperworks:
 - i. SLS-FORM-142: SLS CMS Slickline Assistant III Promotion Booklet
 - ii. SLS-FORM-149: SLS CMS Job Track Record
 - iii. SLS-FORM-150: Slickline Assistant Workbook (for new hire)
 - iv. SLS-FORM-13: Slickline Assistant Performance Assessment Feedback
 - v. Slickline Assistant III Training & Exam Module
 - vi. HR-FORM-09 : Performance Appraisal & Development Plan

Note:

- 1 The HSSE presentation doesn't have to be self-made. You can use presentation from supplier or any other sources.
- 2 When preparing for the presentation, please expect questions from your audience. The presentation needs to demonstrate your full understanding in HSSE & SQ
- 3 During the HSSE presentation, you are expected to demonstrate your full understanding and awareness in HSSE & SQ
- 4 During the Technical presentation, you are expected to demonstrate your knowledge and understanding in Surface Equipment, Slickline DHT, Slickline Job Type and Challenges & Lesson Learnt.
- 5 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.

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.

SLICKLINE ASSISTANT III EVALUATION SHEET SLICKLINE SERVICES

SLICKLINE ASSISTANT III DETAILS

FULL NAME				SENIORITY DATE			
LENNON CHUNG							
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE			
EMO	SLICKLINE	OPERATION	LABUAN				

Please tick (✓) at the relevant box the Competency Level of the Slickline Assistant III (L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding)

SAFETY	L1	L2	L3	L4	L5	ASSESSED BY	DATE	QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE
DB HSE Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	QMS & ISO knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23
Risk Assessment and Hazard Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	DB Quality Policy & Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ALLEYSON	10.10.23
Field Safety and PTW Familiarization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	DB Slickline Procedure and SOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ALLEYSON	10.10.23

Custodian Name and Position	ALLEYSON/FSM	Custodian Signature/Date		10.10.23
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SERVICE QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE	SERVICE QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE
Basic Knowledge of Slickline Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	Slickline Job Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23
Tools and Equipment Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	Post-job Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ALLEYSON	10.10.23

Custodian Name and Position	ALLEYSON/FSM	Custodian Signature/Date		10.10.23
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PERSONAL QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE	PERSONAL QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE
Learning Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	Field Operations Readiness Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23
Time Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ALLEYSON	10.10.23
Command/Instruction Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	Communication Skills - Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23
Self Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	Communication Skills - Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23

Custodian Name and Position	ALLEYSON/FSM	Custodian Signature/Date		10.10.23
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MANAGEMENT / ADMINISTRATION	L1	L2	L3	L4	L5	ASSESSED BY	DATE	MANAGEMENT / ADMINISTRATION	L1	L2	L3	L4	L5	ASSESSED BY	DATE
Inventory Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	Inspection Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ALLEYSON	10.10.23
Materials Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23	Slickline Job Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALLEYSON	10.10.23

Custodian Name and Position	ALLEYSON/FSM	Custodian Signature/Date		10.10.23
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MANAGER'S COMMENTS *Specify the candidate main strong points and development areas*
Lennon ready for senior position.

CANDIDATE'S COMMENTS *Add comments about the support you have received from your tutor/location*
Good support from manager and colleague on career development

RECOMMENDED FOR NEXT POSITION ?	YES	NO	<input type="checkbox"/>	Remark : If NO, please submit e-mail to FSM and specify details here.
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CANDIDATE'S SIGNATURE	INSTRUCTOR'S SIGNATURE	MANAGER'S SIGNATURE	DATE
			10.10.23

SLICKLINE ASSISTANT III TECHNICAL EVALUATION SHEET

SLICKLINE SERVICES

SLICKLINE ASSISTANT III DETAILS

FULL NAME				SENIORITY DATE	
LENNON CHUNG					
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE	
EMO	SLICKLINE	OPERATION	LABUAN		

TECHNICAL EVALUATION

Please tick (✓) at the relevant box the Competency Level of the Slickline Assistant III
(L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding)

WIRESLINE	L1	L2	L3	L4	L5	MAINTENANCE	L1	L2	L3	L4	L5
Wireline Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit/P.Pack/Winch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Well Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Down Hole Tool Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Well Head Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Setup Surface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maintenance Flow Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mast and Hoisting System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Genset/Air Comp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Custodian Name and Position	ALLEYSON/FSM	Custodian Name and Position	ALLEYSON/FSM
Custodian Signature/Date	10.10.23	Custodian Signature/Date	10.10.23

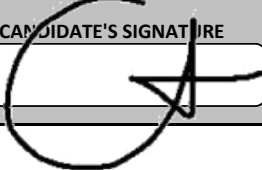
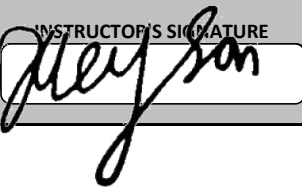
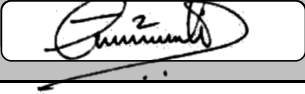
Trouble Shooting Skill	L1	L2	L3	L4	L5	PCE	L1	L2	L3	L4	L5
Surface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rig Up & Rig Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Control Module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Down Hole Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure Control Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pressure Control Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single Well Control Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWCP/T.Pump/Control Module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pressure Test Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Custodian Name and Position	ALLEYSON/FSM	Custodian Name and Position	ALLEYSON/FSM
Custodian Signature/Date	10.10.23	Custodian Signature/Date	10.10.23

Operation	L1	L2	L3	L4	L5	GENERAL	L1	L2	L3	L4	L5
Winch Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Special Tools Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Logging/Perforating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fishing Tools Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Custodian Name and Position	ALLEYSON/FSM	Custodian Name and Position	ALLEYSON/FSM
Custodian Signature/Date	10.10.23	Custodian Signature/Date	10.10.23

DIMENSION BID

INSTRUCTOR'S COMMENTS			
CANDIDATE'S COMMENTS		<i>Add comments about the support you have received from your tutor/location</i>	
INSTRUCTOR		DIVISION MANAGER	
Recommend Promotion to Next Level?	Y <input type="checkbox"/> N <input type="checkbox"/>	Approve Promotion To Next Level ?	Y <input type="checkbox"/> N <input type="checkbox"/>
CANDIDATE'S SIGNATURE	INSTRUCTOR'S SIGNATURE	MANAGER'S SIGNATURE	DATE
			9/11/23

SLICKLINE ASSISTANT III EVALUATION CHECKLIST
SLICKLINE SERVICES

SLICKLINE ASSISTANT III DETAILS

FULL NAME				SENIORITY DATE
LENNON CHUNG				
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE
EMO	SLICKLINE	OPERATION	LABUAN	

SLICKLINE ASSISTANT III 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

- 5 x Offshore Trip (Please attach SLS-FORM-149 Job Track Record)
- 1ea x Technical Presentation (Preferably at DB KL Office - Please attach slide presentation)
- Completed Slickline Assistant III Training & Exam Module
- Attend 3ea x Technical Inhouse Training
- 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

- Slickline Assistant III Evaluation Sheet
- Slickline Assistant III Technical Evaluation Sheet
- Job Tracking Record (Verified by FSM)
- Technical Slide Presentation (Verified by OM)
- 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 Slickline Assistant program in future.

PREPARED AND SUBMITTED BY


 SIGNATURE
 NAME : Lennon Chung
 POS :SA3
 DATE :10/10/23

DIMENSION BID

ENDORSEMENT

All check points listed above have been verified completed by myself or my delegates.
I Deem This Slickline Assistant III Candidate READY to be Promoted to Next Level

VERIFIED BY



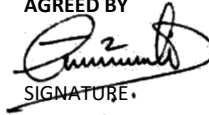
SIGNATURE

NAME : ALLEYSON AKIN

POS : FSM

DATE : 10.10.23

AGREED BY



SIGNATURE

NAME : GAZALI MEHRY

POS : OM

DATE : 9/11/23

FOR HR USAGE

I hereby received this Slickline Assistant III package for processing
I deem this Slickline Assistant III Candidate READY to be promoted to Next Level.

RECEIVED BY

SIGNATURE

NAME :

POS :

DATE :