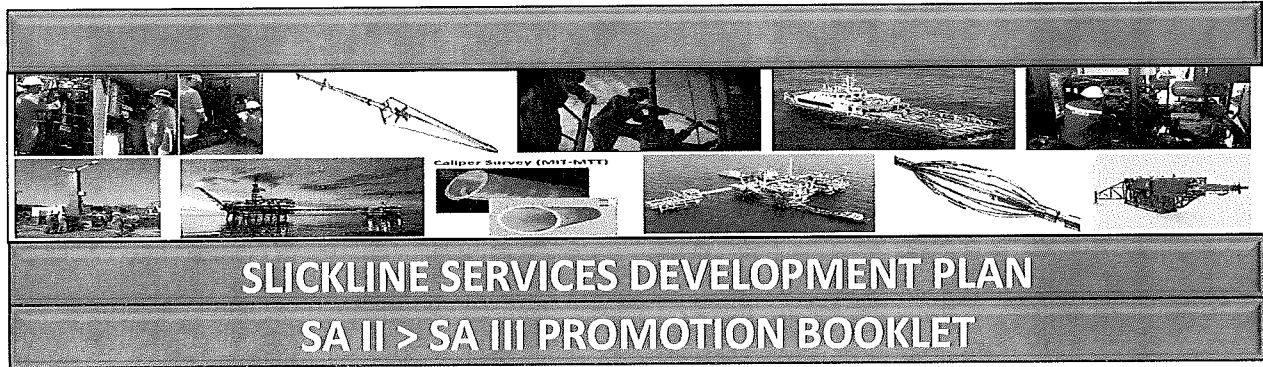


DIMENSION BID



FULL NAME:	Benny/ave Benjamin
JOINED DATE:	
CONFIRMATION DATE:	
REGION:	EMO
DIVISION:	Slickline - operation
CONTROL DATE:	6.12.2023

DIMENSION BID



SA III Control Process

SA II 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 II control within 12 - 24 months from joining Dimension Bid Sdn. Bhd, depending on your competency development progress. The SA III module is more technical and operations oriented. By this stage a SA III is expected to have serviced most of SLS tools and equipment.

The path for SA II to prepare for SA III 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 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-141: SLS CMS Slickline Assistant II 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 II 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 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.

DIMENSION BID

SLICKLINE ASSISTANT II EVALUATION CHECKLIST SLICKLINE SERVICES

SLICKLINE ASSISTANT II DETAILS

FULL NAME

SENIORITY DATE

Bennylove Benjamin

REGION

DIVISION

UNIT/SECTION

LOCATION

CONFIRMATION DATE

Emo

Slickline

operation

Labuan

Please tick (✓) at the relevant box the Competency Level of the Slickline Assistant II (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	6-12-23	QMS & ISO knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23
Risk Assessment and Hazard Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23	DB Quality Policy & Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23
Field Safety and PTW Familiarization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23	DB Slickline Procedure and SOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23

Custodian Name and Position: Alleyson / FSM
Custodian Signature/Date: Alleyson / 6-12-23

SERVICE QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE	SERVICE QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE
Knowledge of Slickline Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23	Slickline Job Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23
Tools and Equipment Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23	Post-job Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23

Custodian Name and Position: Alleyson / FSM
Custodian Signature/Date: Alleyson / 6-12-23

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	6-12-23	Field Operations Readiness Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23
Time Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleyson	6-12-23	Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleyson	6-12-23
Command/Instruction Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleyson	6-12-23	Communication Skills - Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleyson	6-12-23
Self Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alleyson	6-12-23	Communication Skills - Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleyson	6-12-23

Custodian Name and Position: Alleyson / FSM
Custodian Signature/Date: Alleyson / 6-12-23

MANAGEMENT / ADMINISTRATION	L1	L2	L3	L4	L5	ASSESSED BY	DATE	IV	L1	L2	L3	L4	L5	ASSESSED BY	DATE
Inventory Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleyson	6-12-23	Inspection Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleyson	6-12-23
Materials Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleyson	6-12-23	Slickline Job Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleyson	6-12-23

Custodian Name and Position:
Custodian Signature/Date: Alleyson / 6-12-23

MANAGER'S COMMENTS Specify the candidate main strong points and development areas
Benry is competent and ready for SA III position.

CANDIDATE'S COMMENTS Add comments about the support you have received from your tutor/location

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: 6.12.23

DIMENSION BID

SLICKLINE ASSISTANT II EVALUATION CHECKLIST

SLICKLINE SERVICES

SLICKLINE ASSISTANT II DETAILS

FULL NAME				SENIORITY DATE	
Bennylove Benjamin					
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 II
(L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding)

BASIC WIRELINE	L1	L2	L3	L4	L5	PCE	L1	L2	L3	L4	L5
Wireline Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Well Control Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Well Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Control Module Operating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Down Hole Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWCP Operating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wireline Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flow Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Slickline Service Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 Signature/Date	Alleyson / 6.12.23

Custodian Name and Position	Alleyson / FSM
Custodian Signature/Date	Alleyson / 6.12.23

OPERATION AND MAINTENANCE	L1	L2	L3	L4	L5	OPERATION AND MAINTENANCE	L1	L2	L3	L4	L5
Auxiliary SE (MPI/LT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spooling Control System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Slimline Unit/P.Pack/RSU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mast and Hoisting System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hydraulic System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator/Air Compressor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric & Electronic System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Down Hole Tool L1 & L2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drive train System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Custodian Name and Position	Alleyson / FSM
Custodian Signature/Date	Alleyson / 6.12.23



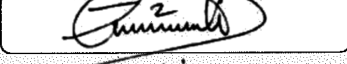
Custodian Name and Position	Alleyson / FSM
Custodian Signature/Date	Alleyson / 6.12.23

Operation	L1	L2	L3	L4	L5	GENERAL	L1	L2	L3	L4	L5
Winch Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Basic Down Hole Tool Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rig Up/Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pulling Tool Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PTW Familiarization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTW Familiarization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Custodian Name and Position	Alleyson / FSM
Custodian Signature/Date	Alleyson / 6.12.23

Custodian Name and Position	Alleyson / FSM
Custodian Signature/Date	Alleyson / 6.12.23

DIMENSION BID

INSTRUCTOR'S COMMENTS			
- Benny ready for his next position.			
CANDIDATE'S COMMENTS		Add comments about the support you have received from your tutor/location	
INSTRUCTOR Recommend Promotion to Next Level?		Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	DIVISION MANAGER Approve Promotion To Next Level ?
			Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
CANDIDATE'S SIGNATURE	INSTRUCTOR'S SIGNATURE	MANAGER'S SIGNATURE	DATE
			6.12.23

SLICKLINE ASSISTANT II EVALUATION CHECKLIST SLICKLINE SERVICES

SLICKLINE ASSISTANT II DETAILS

FULL NAME				SENIORITY DATE	
Bennylove Benjamin					
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE	
Emo	Slickline	Operation	Labuan		

SLICKLINE ASSISTANT II 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 HSE SQ Presentation OR 1 HSE Contribution Activity
- Completed Slickline Assistant II 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 II Evaluation Sheet
- Slickline Assistant II Technical Evaluation Sheet
- Job Tracking Record (Verified by FSM)
- HSE SQ Slide Presentation signed by Safety Officer
- 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 : BENNYLOVE BENJAMIN

POS : SA2

DATE : 6.12.23

DIMENSION BID

ENDORSEMENT

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

VERIFIED BY

Aleyson

SIGNATURE

NAME: Aleyson Akin

POS : FSM

DATE : 6.12.2023

AGREED BY

Gazali Mehry

SIGNATURE

NAME : Gazali Mehry

POS : OM

DATE : 26/12/23

FOR HR USAGE

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

RECEIVED BY

SIGNATURE

NAME :

POS :

DATE :