

DIMENSION BID

SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

(PART 1: To be completed by Assessor)

Name	Malkyzidek Yehu Jerry	COB Date	29/01/2024
Position	Slickline assistant	RTB Date	26/02/2024
Client	Rock Oil	Location	D21 DRILLING
Platform	D21	Well	A3-A7-A11-A6-A13
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 meet expectations - performance failed to meet expectations in one or more essential areas of responsibility								

Assessment Criteria	Rating (Please ✓ where appropriate)								
	STRONG			ADEQUATE			IMPROVEMENT NEEDED		
Safety Awareness (20%)	10	9	8	7	6	5	4	3	2
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:

- Fully committed on his duty.
- Very supportive.
- Focus on his job.

Assessed By [Operator]	<i>YJ</i>
Name	Mohd Sharfizie
Date	26-02-2024

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					
1. Pre-Job Preparation	<ul style="list-style-type: none"> -) CHECK ALL HOSES WAS TIGHT AND SECURE -)ENSURE 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 								
	Rating (by Operator)	STRONG		ADEQUATE			IMPROVEMENT NEEDED		
10		9	8	7	6	5	4	3	2
2. Surface Equipment Rig-up	<p>PP</p> <ul style="list-style-type: none"> -)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 								
	Rating (by Operator)	STRONG		ADEQUATE			IMPROVEMENT NEEDED		
10		9	8	7	6	5	4	3	2
3. Tools / Equipment Preparation									
	Rating (by Operator)	STRONG		ADEQUATE			IMPROVEMENT NEEDED		
10		9	8	7	6	5	4	3	2
4. Equipment Problem Troubleshooting <i>[Please state type of equipment and describe troubleshooting job performed]</i>									
	Rating (by Operator)	STRONG		ADEQUATE			IMPROVEMENT NEEDED		
10		9	8	7	6	5	4	3	2
5. Downhole Tools Servicing/Redressing/Maintenance									
	Rating (by Operator)	STRONG		ADEQUATE			IMPROVEMENT NEEDED		
10		9	8	7	6	5	4	3	2

Type of Task	Tasks Performed						Assessor Comment			
6. Tools Inventory & Reporting										
	Rating (by Operator)	STRONG			ADEQUATE			IMPROVEMENT NEEDED		
10		9	8	7	6	5	4	3	2	
7. Equipment Operation	[Operator to rate TSA / SA / SSA competency in operating the equipment]									
	Rating (by Operator)	STRONG			ADEQUATE			IMPROVEMENT NEEDED		
		10	9	8	7	6	5	4	3	2
	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	0	
Comments by Operator [please specify competency gaps / area of improvement]										
EXECUTE THE WELL SERVICES OPERATION (IF ANY) (Operating Winch)										
Date / Location / Well No. / Job Type	Activity Summary					Toolstring Configuration				
	Rating (by Operator)	STRONG			ADEQUATE			IMPROVEMENT NEEDED		
		10	9	8	7	6	5	4	3	2
	Comments by Operator [please specify competency gaps / area of improvement]									

To be completed by verifier (FSM)

SUMMARY OF OVERALL PERFORMANCE

			Score		
	Weight	Total	%		
A	Safety Awareness	20	#REF!	#REF!	
B	Work Performance	20	#REF!	#REF!	
C	Technical Skills	60	52	44.571	
	1. Pre-Job Preparation	8			
	2. Surface Equipment Rig-up	7			
	3. Tools / Equipment Preparation	8			
	4. Equipment Problem Troubleshooting	9			
	5. Downhole Tools Servicing/Redressing/Maintenance	6			
	6. Tools Inventory & Reporting	7			
	7. Equipment Operation	7			
D	TOTAL (A+B+C)	100		#REF!	