



### CUSTOMER SATISFACTION SURVEY

Client : HIBISCUS Location (Platform) : NORTH SABAH  
Service(s) : SLICKLINE Date & Time : 25/04/23 - 09/05/23  
Well : SJ 106A Package : Seah 1  
Personnel on Board  
Field Engineer/Supervisor/Wireline Operator : Mohd.Jaidun Hamit  
Crew/Wireline Assistants : Eldrian Jul & Lennon  
Others (Please specify) : \_\_\_\_\_  
: \_\_\_\_\_

Description	Rating*	Remarks/Comment
<b>Safety</b>		
Personnel Protective Equipment (PPE)	<u>5</u>	
Safety Awareness	<u>5</u>	
Housekeeping	<u>5</u>	
<b>Service Quality</b>		
Job Planning & Preparation	<u>4</u>	
Operation Efficiency	<u>4</u>	
Quality of Job Execution	<u>4</u>	
<b>Personnel</b>		
Professionalism of Personnel	<u>5</u>	
Performance & Efficiency	<u>4</u>	
Communication	<u>4</u>	
Technical Knowledge	<u>4</u>	
Time Keeping (Punctuality)	<u>5</u>	
<b>Equipment</b>		
Equipment & Tool Compatibility	<u>3</u>	
Inventories System	<u>3</u>	
<b>Technical Support</b>		
Response / Feedback from Town Field	<u>4</u>	
Technical Advice	<u>4</u>	
Delivery of Spares and Back-ups	<u>3</u>	
<b>Reporting</b>		
Daily Report	<u>5</u>	
QA/QC Data	<u>5</u>	
<b>Overall Service Performance</b>	<u>5</u>	
<b>Does The Service Objective(s) Met?</b>	<u>4</u>	

Areas of Improvement (if any) :

Crew Perform very good job. Keep it up

**Assessed by**

Client Representative

Name : Azly Yusof

Date : 8/5/2023

Signature : [Signature]

**Agreed by**

Dimension's Bid Field Engineer/Wireline Operator/Supervisor

Name : Mohd.Jaidun Hamit

Date : 8/5/2023

Signature : [Signature]

(This section below to fill up by Management)

**Comment / Action Taken / Follow Up**

CSS Running Number : \_\_\_\_\_

**Action By**

DB Technical Engineer :

Name : \_\_\_\_\_

Date : \_\_\_\_\_

Client's use

**Reviewed & Approved by**

DB Field Service Manager :

Name : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_



### CUSTOMER SATISFACTION SURVEY

Client :	HIBISCUS	Location (Platform) :	NORTH SABAH
Service(s) :	SLICKLINE	Date & Time :	18/04/23 - 15/05/23
Well :	SJ 106A & 105B	Package :	Seah 1
Personnel on Board			
Field Engineer/Supervisor/Wireline Operator :	Mohd. Jaidun Hamit		
Crew/Wireline Assistants :	Eldrian & Lennon		
Others (Please specify) :			

Description	Rating*	Remarks/Comment
<b>Safety</b>		
Personnel Protective Equipment (PPE)	5	
Safety Awareness	4	
Housekeeping	5	
<b>Service Quality</b>		
Job Planning & Preparation	4	
Operation Efficiency	4	
Quality of Job Execution	4	
<b>Personnel</b>		
Professionalism of Personnel	5	
Performance & Efficiency	4	
Communication	5	
Technical Knowledge	4	
Time Keeping (Punctuality)	4	
<b>Equipment</b>		
Equipment & Tool Compatibility	4	
Inventories System	4	
<b>Technical Support</b>		
Response / Feedback from Town Field	4	
Technical Advice	4	
Delivery of Spares and Back-ups	4	
<b>Reporting</b>		
Daily Report	4	
QA/QC Data	5	
<b>Overall Service Performance</b>		
Does The Service Objective(s) Met?	4	

Areas of Improvement (If any) :

**Assessed by**

Client Representative

Name : Muhd Azizul hakim

Date : 15/05/2023

Signature :

**Agreed by**

Dimension's Bid Field Engineer/Wireline Operator/Supervisor

Name : Mohd. Jaidun Hamit

Date : 15/05/2023

Signature :

(This section below to fill up by Management)

Comment / Action Taken / Follow Up

CSS Running Number :

**Action By**

DB Technical Engineer :

Name

Date

Signature

**Reviewed & Approved by**

DB Field Service Manager :

Name

Date

Signature

Rating\* 1 - Poor, 2 - Unsatisfactory, 3 - Satisfactory, 4 - Very Satisfactory, 5 - Outstanding

Doc Ref No : OP-40004-06

Revision No : 01

Note : Please refer to OP-REF/CSS-01 : CSS Rating Level & Description for evaluation

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**ASSESSMENT CHECKLIST**

Unit: **CAP 1.2** PLAN FOR WELL SERVICES OPERATIONS  
 Element: **CAP 1.2.1** Plan Operational Requirements

PC	Description of Performance Criteria	Description of Evidence	Source of evidence			Competence	Remarks
			O/I	SD	Q/A		
a	Operation programs are prepared in accordance with objective plan.	Examine evidence on operation program (work action plan) against the Well Services objective programs.  Check via questioning (oral/written) for under-pinning knowledge on the Well Services objective programs (include related procedures)	✓				He know and understand Objective program and tool loggine.
b	Difficulties in carrying out the operations are clarified with the relevant personnel.	Check via questioning (oral/written) for candidate's understanding on the process to go about an unclear objective programs.  (Third Party feedback will be helpful and supportive i.e. from immediate supervisors, OIM, WS)	✓	✓			Supporting document from client SEAH signed by supervisor.

Element: CAP 1.2.1 Plan Operational Requirements

PC	Description of Performance Criteria	Description of Evidence	Source of evidence			Competence	Remarks
			O/I	SD	Q/A		
c	Permit to Work is obtained in accordance with organisational and statutory requirements.	Confirm via the evidence (e.g. PTW forms) submitted. Check via questioning (oral/written), the under-pinning knowledge on the process of applying a PTW. Check understanding on PTW procedures.	✓	✓		Competent	The user has to fill in PTW form. - He PTW applicat.
d	Third party utilities are verified in accordance with operational and statutory requirements.	Check evidence on valid equipment passport.	✓			Competent	He prepared an equipment passport on ESU, Power Gen, Hydraulic
e	Required quantities and types of materials and equipment are sourced timely.	Check via questioning (oral/written) for candidate's understanding on the objective programs. Tools and materials required for a particular job. To provide evidence on materials and equipment checklist (materials requisition, inventory checklist and equipment checklist).	✓	✓		Competent	He knew how to fill in material requisition form, inventory checklist and equipment checklist.
f	Errors, omissions, and shortages of equipment are identified and appropriate remedial action taken.	Check candidate's under-pinning knowledge and awareness via questioning (oral/written).	✓			Competent	

**SITE OBSERVATION CHECKLIST**Unit: CAP 1.2 **PLAN FOR WELL SERVICES OPERATIONS**Element: CAP 1.2.1 **Plan Operational Requirements**

PC	Description	Yes	No
a	Objective programs listed in the well access plan are available on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f	Request made on programs that are not available on site (if any)	<input type="checkbox"/>	<input type="checkbox"/>
b, f	Potential problems related to the operation are highlighted and clarified/discussed with the relevant parties. (evidence: hard copy if any)	<input type="checkbox"/>	<input type="checkbox"/>
a, d	Operations are planned before hand (weekly plan/activities plan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e, f	Materials required for the operations are available or have been requested. (evidence: hard copy if any)	<input type="checkbox"/>	<input type="checkbox"/>
e, f	Equipment required for the operations are on site	<input type="checkbox"/>	<input type="checkbox"/>
d, e	Surface equipment used has valid inspection/test dates	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e	Lifting chain blocks, slings and shackles are inspected and with updated colour codes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e	Inventory listing available	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c, d	A valid PTW is in place prior to start of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>