

**ASSESSMENT CHECKLIST**Unit: CAP 1.2 PLAN FOR WELL SERVICES OPERATIONSElement: 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.<br><br>Check via questioning (oral/written) for under-pinning knowledge on the Well Services objective programs (include related procedures) | ✓                  |    |     |  | C          | - HE PREPARED & STUDY EVERY DETAIL OFF ALL DOCUMENT / WORK PROGRAM AS BEEN GIVEN ACCORDINGLY.   |
| 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.<br><br>(Third Party feedback will be helpful and supportive i.e. from immediate supervisors, OIM, WS)                  | ✓                  |    |     |  | C          | - HE HAS NO HESITATION TO GET THE INFORMATION IF IN DOUBT OR DIFFICULTIES ON THE WORK DOCUMENT GIVEN<br><br>- PROACTIVE TO KEEP ON DISCUSSION WITH RELEVANT PERSONAL. |

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 / NYC    |  |
| c  | Permit to Work is obtained in accordance with organisational and statutory requirements.            | Confirm via the evidence (e.g. PTW forms) submitted.<br><br>Check via questioning (oral/written), the under-pinning knowledge on the process of applying a PTW.<br><br>Check understanding on PTW procedures.  | ✓                  |    |     |  | C          | - HE UNDERSTAND PTW WORK SYSTEM.   |
| d  | Third party utilities are verified in accordance with operational and statutory requirements.       | Check evidence on valid equipment passport.  | ✓                  |    |     |  | C          | - WELL IN KEEP TRACKING ON EQUIPMENT PASSPORT VALUATION.   |
| 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.<br><br>To provide evidence on materials and equipment checklist (materials requisition, inventory checklist and equipment checklist). | ✓                  |    |     |  | C          | - VERY WELL IN EQUIPMENT CHECKLIST AND VERY ORGANISED TOOL & EQUIPMENT INVENTORY, RECORDED ALL THE DATA ACCORDINGLY. |
| 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).  | ✓                  |    |     |  | C          | - HE IMMEDIATELY FOR RAISE THE OMR/ PR TO BASE AND FOLLOW UP EVERY SINGLE PARTICULAR.                                |

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




SD Supporting Document

Q / A Written Questions &amp; Answers

**Competence** C Competent

NYC Not Yet Competent

| OVERALL SCORE | STRONG |   |   | ADEQUATE |   |   | IMPROVEMENT NEEDED |   |   |
|---------------|--------|---|---|----------|---|---|--------------------|---|---|
|               | 10     | 9 | 8 | 7        | 6 | 5 | 4                  | 3 | 2 |

|  |  |  |
|--|--|--|
| <b>Assessed by:</b><br>(Operator)<br><br>LARRY ANAK PULIH<br>(Name)<br><br>Signature<br><br>Date<br>28/03/2024 | <b>Agreed by:</b><br>(TSO)<br><br>Stanley Nanta<br>(Name)<br><br>Signature<br><br>Date<br>16/04/2024 | <b>Verified by:</b><br>(FSM)<br>ALLEYSON AKIN<br>DIMENSION BID (M) SDN BHD<br>East Malaysia Operation<br>(Name)<br><br>Signature<br>Date<br>17/4/24 |
|--|--|--|

**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   |     |    |
| f    | Request made on programs that are not available on site (if any)  |     |    |
| b, f | Potential problems related to the operation are highlighted and clarified/discussed with the relevant parties. (evidence: hard copy if any) |     |    |
| a, d | Operations are planned before hand (weekly plan/activities plan)  |     |    |
| e, f | Materials required for the operations are available or have been requested. (evidence: hard copy if any)                                    |     |    |
| e, f | Equipment required for the operations are on site   |     |    |
| d, e | Surface equipment used has valid inspection/test dates  |     |    |
| e    | Lifting chain blocks, slings and shackles are inspected and with updated colour codes   |     |    |
| e    | Inventory listing available   |     |    |
| c, d | A valid PTW is in place prior to start of operation   |     |    |