

DIMENSION BID



FULL NAME:	M. Armin Rifqi B. Anwar
JOINED DATE:	15/7/23
CONFIRMATION DATE:	2/1/2024
REGION:	Kemaman
DIVISION:	SLS
CONTROL DATE:	

DIMENSION BID



Trainee Slickline Assistant Control Process

TSA 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 do your control after 2 trips offshore or within 12 months from joining Dimension Bid Sdn. Bhd. TSA must possess basic knowledge in SLS operations in order to meet your required competency level in SLS common services.

The path for TSA to prepare for SA II control will be:

1. Perform at least:
 - i. 2ea Offshore Trips (5 or 6 times Trip for Control Panel Job is only count as 1 offshore trip) – 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-140: SLS CMS Trainee Slickline Assistant Promotion Booklet
 - ii. SLS-FORM-149: SLS CMS Job Track Record
 - iii. SLS-FORM-150: Slickline Assistant Workbook
 - iv. SLS-FORM-13 : Slickline Assistant Performance Assessment Feedback
 - v. HR-FORM-09 : Performance Appraisal & Development Plan

Note:

The HSSE presentation doesn't have to be self-made. You can use presentation from supplier or any other sources.

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.

When preparing for the presentation, please expect questions from your audience.

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.

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TRAINEE SLICKLINE ASSISTANT EVALUATION SHEET SLICKLINE SERVICES

TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME MUHAMMAD ARMIN RIFAI B. AMIR				SENIORITY DATE 15/7/2023	
REGION KEMAMAN	DIVISION SLS	UNIT/SECTION Offshore	LOCATION KSB	CONFIRMATION DATE 2/1/2024	

Please tick (✓) at the relevant box the Competency Level of the Trainee Slickline Assistant (L1-Awareness, L2-Basic, L3-Skilled)

SAFETY	L1	L2	L3	ASSESSED BY	DATE	QUALITY	L1	L2	L3	ASSESSED BY	DATE
DB HSE Policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FITRI	17/10	QMS & ISO knowledge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAFIZAN	17/10
Hazard Identification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FITRI	17/10	DB Quality Policy & Objectives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAFIZAN	17/10
Field Safety and PTW Familiarization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FITRI	17/10	DB Slickline Procedure and SOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAFIZAN	17/10

Custodian Name and Position: **FITRI** Custodian Signature/Date: **HAFIZAN 17/10**

SERVICE QUALITY	L1	L2	L3	ASSESSED BY	DATE	SERVICE QUALITY	L1	L2	L3	ASSESSED BY	DATE
Basic Knowledge of Slickline Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10	Slickline Job Preparation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10
Tools and Equipment Handling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10	Post-job Preparation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10

Custodian Name and Position: **Fatah / OPR** Custodian Signature/Date: **Fatah / OPR**

PERSONAL QUALITY	L1	L2	L3	ASSESSED BY	DATE	PERSONAL QUALITY	L1	L2	L3	ASSESSED BY	DATE
Learning Initiative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10	Field Operations Readiness Status	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10
Time Discipline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10	Stress Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10
Command/Instruction Handling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10	Communication Skills - Writing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10
Self Confident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10	Communication Skills - Speaking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10

Custodian Name and Position: **Fatah / OPR** Custodian Signature/Date: **Fatah / OPR**

MANAGEMENT / ADMINISTRATION	L1	L2	L3	ASSESSED BY	DATE	MANAGEMENT / ADMINISTRATION	L1	L2	L3	ASSESSED BY	DATE
Inventory Planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10	Inspection Knowledge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10
Materials Planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10	Slickline Job Reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatah	20/10

Custodian Name and Position: **Fatah / OPR** Custodian Signature/Date: **Fatah OPR**

MANAGER'S COMMENTS Specify the candidate main strong points and development areas
All good, ready to be promoted as SALL

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

RECOMMENDED FOR NEXT POSITION ? YES ☒ NO ☐ Remark : If NO, please submit e-mail to FSM and specify details here.

CANDIDATE'S SIGNATURE: **[Signature]** INSTRUCTOR'S SIGNATURE: **[Signature]** MANAGER'S SIGNATURE: **[Signature]** DATE: **21/10/24**

AFIZAH BIN HASSAN
Field Service Manager
DIMENSION BID (M) SDN BHD

TRAINEE SLICKLINE ASSISTANT TECHNICAL EVALUATION SHEET SLICKLINE SERVICES

TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME MUHAMMAD ARMIN RIFQI B. ANUAR				SENIORITY DATE 15/7/24	
REGION KEMAMAN	DIVISION SLS	UNIT/SECTION offshore	LOCATION KSB	CONFIRMATION DATE 27/10/24	

TECHNICAL EVALUATION

Please tick (✓) at the relevant box the Competency Level of the Trainee Slickline Assistant (L1-Awareness, L2-Basic, L3-Skilled)

BASIC WIRELINE	A	B	C	BASIC PCE	A	B	C
Wireline Rig-up/Rig-down Operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rig Up & Rig Down	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wireline Winch Operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Control Module	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wireline Well Exit Procedure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure Control Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wireline Cable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single Well Control Panel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Pressure Test Pump	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position Fatah / OPR				Custodian Name and Position Fakhrul Izat (SNR PCE)			
Custodian Signature/Date [Signature] 20/10/24				Custodian Signature/Date [Signature] 16/10/24			

BASIC SURFACE EQUIPMENT OPERATION	A	B	C	BASIC SURFACE EQUIPMENT OPERATION	A	B	C
Slimline Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Air Compressor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Power Pack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spooling Control System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reel Skid Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hydraulic System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mast	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electric & Electronic System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position MAHADIR (SNR mech)				Custodian Name and Position MAHADIR (SNR mech)			
Custodian Signature/Date [Signature] 16/10/24				Custodian Signature/Date [Signature] 16/10/24			

BASIC MEASUREMENT	A	B	C	GENERAL	A	B	C
Depth Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Basic Down Hole Tool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Winch Man Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTW Familiarization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position Fatah / OPR				Custodian Name and Position Fatah / OPR			
Custodian Signature/Date [Signature] 20/10/24				Custodian Signature/Date [Signature] 20/10/24			

INSTRUCTOR'S COMMENTS

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TRAINEE SLICKLINE ASSISTANT TECHNICAL EVALUATION SHEET SLICKLINE SERVICES

CANDIDATE'S COMMENTS

Add comments about the support you have received from your tutor/location

Overall Good

INSTRUCTOR

Recommend Promotion to Next Level?

Y



N



DIVISION MANAGER

Approve Promotion To Next Level ?

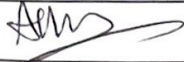
Y




N



CANDIDATE'S SIGNATURE



INSTRUCTOR'S SIGNATURE



MANAGER'S SIGNATURE


AFIQ AIMAN BIN HASSAN
Field Service Manager
DIMENSION BID (M) SDN BHD

DATE

DIMENSION BID

TRAINEE SLICKLINE ASSISTANT EVALUATION CHECKLIST SLICKLINE SERVICES

TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME MUHAMMAD ARMIN RIFI B. ANUAR				SENIORITY DATE 	
REGION KEMAMAN	DIVISION SLS	UNIT/SECTION offshore	LOCATION KSB	CONFIRMATION DATE 2/1/2024	

TRAINEE SLICKLINE ASSISTANT 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

- ☐ Completed Slickline Assistant Workbook (Please attach SLS-FORM-150 Slickline Assistant Workbook)
- ☐ 2 x Offshore Trip (Please attach SLS-FORM-149 Job Track Record)
- ☐ 1ea x HSE SQ Presentation OR 1 HSE Contribution Activity
- ☐ Attend 3ea x Technical Inhouse Training (Please attach Attendance Form)
- ☐ 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

- ☐ Trainee Slickline Assistant Evaluation Sheet
- ☐ Trainee Slickline Assistant Technical Evaluation Sheet
- ☐ SLS-FORM-150 Slickline Assistant Workbook
- ☐ 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 Wireline Assistant program in future.

PREPARED AND SUBMITTED BY

SIGNATURE



NAME : **M. Armin Rifai B. Anwar**

POS : **TRAINEE SLICKLINE ASSISTANT**

DATE : **17/10/24**

DIMENSION BID

ENDORSEMENT

All check points listed above have been verified completed by myself or my delegates.

I Deem This Slickline Assistant Candidate READY to be Promoted to Next Level

VERIFIED BY

AGREED BY

SIGNATURE


AFIQ AIMAN BIN HASSAN
Field Service Manager
DIMENSION BID (M) SDN BHD

NAME :

SIGNATURE

POS :

NAME :

DATE :

21/10/24

POS :

DATE :

FOR HR USAGE

I hereby received this Trainee Slickline Assistant package for processing

I deem this Trainee Slickline Assistant Candidate READY to be promoted to Next Level.

RECEIVED BY

SIGNATURE

NAME :

POS :

DATE :