

The International Well Control Forum

**Well Intervention Pressure Control Programme**

Wireline Operations

Level 4

Pantheleum Training Centre (MY.1576)



CR-379967

DOB:21/10/1993



**Mathias Rauth Parag**

eCert No:WL4S-00133990-SA-F2SE

Issue Date:31 Mar 2023

Expiry Date:30 Mar 2025

Chairman: 

Cert. No: 03400303400

## OFFSHORE AND REMOTE ONSHORE MEDICAL FITNESS CERTIFICATE

<b>A: Personnel Data</b>			
Full Name:	MATHIAS RAUTH PARAG		
DOB:	21 Oct 1993		
ID No:	931021136501	Tel No:	0145967872
Occupation:	JUNIOR FIELD ENGINEER		
Date:	9 Aug 2022	Company:	DIMENSION BID
<b>B: Type of Examination</b>		Initial/ Renewal	
<b>C: Type of Evaluation</b>			
<input checked="" type="checkbox"/> G General Work (Other than specific job) <input type="checkbox"/> S1 Catering Crew <input type="checkbox"/> S2 Confined Space Worker <input type="checkbox"/> S3 Crane Operators <input type="checkbox"/> S4 Electrical Worker <input type="checkbox"/> S5 Emergency Response Team (ERT) <input type="checkbox"/> S6 Respirator Protective Equipment User <input type="checkbox"/> S7 Working at Height <input type="checkbox"/> V1 Visitor			

<b>D: Fitness to Work Status</b>													
<p>The above personnel has been assessed in accordance to the "Guidelines on Medical Assessment of Fitness to work for Offshore &amp; Remote Onshore Workers" issued by Malaysia Petroleum Management and the fitness to work status for evaluation listed in Section C is/are as follows.</p>													
<input checked="" type="checkbox"/> 1. Fit with no restrictions. Valid until (dd/mm/yy) 8 Aug 2024 <input type="checkbox"/> 2(a). Fit with Validity Restriction Only (dd/mm/yy) <input type="checkbox"/> 2(b). Fit with Task Restriction. Valid until (dd/mm/yy) <p>The employee is fit for above work but should avoid the following tasks:</p> <table> <tr> <td><input type="checkbox"/> Work near moving machinery or sharp edges</td> <td><input type="checkbox"/> Working at height</td> </tr> <tr> <td><input type="checkbox"/> Operate motor vehicles or heavy machinery</td> <td><input type="checkbox"/> Pull push carry weight over ..... KG</td> </tr> <tr> <td><input type="checkbox"/> Use a respirator</td> <td><input type="checkbox"/> Others (Specify): .....</td> </tr> <tr> <td><input type="checkbox"/> Repetitive twisting of valves or wrenches</td> <td><input type="checkbox"/> These task restrictions are Temporary</td> </tr> <tr> <td><input type="checkbox"/> These task restrictions are Permanent</td> <td></td> </tr> </table> <input type="checkbox"/> 3. Not Fit To Work				<input type="checkbox"/> Work near moving machinery or sharp edges	<input type="checkbox"/> Working at height	<input type="checkbox"/> Operate motor vehicles or heavy machinery	<input type="checkbox"/> Pull push carry weight over ..... KG	<input type="checkbox"/> Use a respirator	<input type="checkbox"/> Others (Specify): .....	<input type="checkbox"/> Repetitive twisting of valves or wrenches	<input type="checkbox"/> These task restrictions are Temporary	<input type="checkbox"/> These task restrictions are Permanent	
<input type="checkbox"/> Work near moving machinery or sharp edges	<input type="checkbox"/> Working at height												
<input type="checkbox"/> Operate motor vehicles or heavy machinery	<input type="checkbox"/> Pull push carry weight over ..... KG												
<input type="checkbox"/> Use a respirator	<input type="checkbox"/> Others (Specify): .....												
<input type="checkbox"/> Repetitive twisting of valves or wrenches	<input type="checkbox"/> These task restrictions are Temporary												
<input type="checkbox"/> These task restrictions are Permanent													

<b>E: Approved Medical Examiner's Details</b>			
MPM AME	HENRY RAJENDRA PONNIAH - DR (PMU/PETH)		
Name:			
MPM AME No:	MPM AME034		
Address:	Lot 1-5, W12, 13 & 14, 5th Floor, CPS Tower, Centre Point, Sabah Sabah		
Tel:	088249349	Date:	10 Aug 2022

NOTE: MPM does not recognize this physical form as reference of medical fitness status for OSP card issuance.

MPM AME034  
 CPS TOWER, CENTRE POINT SABAH  
 88000 KOTA KINABALU, SARAWAK  
 TEL: 088-269349 FAX: 088-269349

## FORM C – OFFSHORE AND REMOTE ONSHORE MEDICAL ASSESSMENT FORM

## SECTION 1 – TO BE COMPLETED BY EMPLOYEE (PERSONAL INFORMATION, HEALTH DECLARATION AND CONSENT)

## A. Worker Details

Name	MATHIAS RAUTH MARAHL			NRIC / Passport	931021-13-6501		
Company & Address	DIMENSION BHD (M) SDN BHD Lot 1444, 2 <sup>nd</sup> Floor OFF Jalan Pasar Lutong, 98800 Meli, Sarawak.			Age	24 YEARS OLD		
				Occupation	JUNIOR FIELD ENGINEER		
				Race	LUN BAWANG		
Date of examination	8/8/2022			Sex	Male	<input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Place of examination	KLINIK CENTRE POINT						
Name & Address of personal physician							

List your last 3 jobs 1. TECHNICAL ASSISTANT 2. SITE ENGINEER 3. HANDYMAN

## B. Type of examination



Initial/Renewal



Return to work

## C. Type of Evaluation for Offshore &amp; Remote Onshore (As per Employer Letter/Instruction)

<input checked="" type="checkbox"/> G General work (Other than Job Specific)	<input type="checkbox"/> S5 Emergency Response Team (ERT)
<input type="checkbox"/> S1 Catering Crew	<input type="checkbox"/> S6 Respirator Protective Equipment User
<input type="checkbox"/> S2 Confined Space Worker	<input type="checkbox"/> S7 Working at Height
<input type="checkbox"/> S3 Crane Operators	<input type="checkbox"/> V1 Visitor
<input type="checkbox"/> S4 Electrical Worker	

DO YOU HAVE OR HAVE YOU HAD : (Tick 'Yes' or 'No')											
Description	Y	N	Description	Y	N	Description			Y	N	
1.Sinus trouble		<input checked="" type="checkbox"/>	22.Cancer		<input checked="" type="checkbox"/>	Have you ever been:-					
2.Neck swelling / gland		<input checked="" type="checkbox"/>	23.Heart disease		<input checked="" type="checkbox"/>	43.Rejected for employment or insurance				<input checked="" type="checkbox"/>	
3.Difficulty in vision		<input checked="" type="checkbox"/>	24.Rheumatic fever		<input checked="" type="checkbox"/>	44.Awarded benefits for Industrial injury/ illness				<input checked="" type="checkbox"/>	
4.Any ear discharge		<input checked="" type="checkbox"/>	25.Abnormal heartbeat		<input checked="" type="checkbox"/>	45.Treated for problem of mental condition				<input checked="" type="checkbox"/>	
5.Bronchial Asthma / Bronchitis		<input checked="" type="checkbox"/>	26.High blood pressure		<input checked="" type="checkbox"/>	46.Treated for problem of alcohol or drug				<input checked="" type="checkbox"/>	
6.Hay fever / Other allergy		<input checked="" type="checkbox"/>	27.Stroke		<input checked="" type="checkbox"/>	47.Exposed to toxic substances or noise				<input checked="" type="checkbox"/>	
7.Any skin trouble		<input checked="" type="checkbox"/>	28.Serious chest pain		<input checked="" type="checkbox"/>	WOMAN ONLY, Have you ever had:-					
8.Tuberculosis		<input checked="" type="checkbox"/>	29.Any blood disease		<input checked="" type="checkbox"/>	48.Abnormal Pap smear				<input checked="" type="checkbox"/>	
9.Coughed / Vomited blood		<input checked="" type="checkbox"/>	30.Painful passage of urine		<input checked="" type="checkbox"/>	49.Any gynecological condition / treatment				<input checked="" type="checkbox"/>	
10.Severe abdominal pain		<input checked="" type="checkbox"/>	31.Blood in urine		<input checked="" type="checkbox"/>	50.Are you pregnant					
11.Stomach Ulcer		<input checked="" type="checkbox"/>	32.Diabetes		<input checked="" type="checkbox"/>	Will you be doing any of these specific activities;					
12.Recurrent indigestion		<input checked="" type="checkbox"/>	33.Headache / Migraine		<input checked="" type="checkbox"/>	51.Crane Operators				<input checked="" type="checkbox"/>	
13.Jaundice or hepatitis		<input checked="" type="checkbox"/>	34.Dizziness / fainting		<input checked="" type="checkbox"/>	52.Users of Breathing Apparatus				<input checked="" type="checkbox"/>	
14.Gall Bladder disease		<input checked="" type="checkbox"/>	35.Epilepsy		<input checked="" type="checkbox"/>	53.Catering Crew				<input checked="" type="checkbox"/>	
15.Marked change in bowel habits		<input checked="" type="checkbox"/>	36.Joint/spinal trouble		<input checked="" type="checkbox"/>	54.Confine Space Entry				<input checked="" type="checkbox"/>	
16.Blood in stools (motions)		<input checked="" type="checkbox"/>	37.Surgical operation		<input checked="" type="checkbox"/>	55.Working at Height				<input checked="" type="checkbox"/>	
17.Dental Problem		<input checked="" type="checkbox"/>	38.Serious accident / injury		<input checked="" type="checkbox"/>	Social History					
18.Piles (Haemorrhoid)		<input checked="" type="checkbox"/>	39.Tropical disease		<input checked="" type="checkbox"/>	56.Do you smoke?					
19.Hernia		<input checked="" type="checkbox"/>	40.Fear of heights		<input checked="" type="checkbox"/>	57. History of drug abuse				<input checked="" type="checkbox"/>	
20.Varicose Veins		<input checked="" type="checkbox"/>	41.Fear of being enclosed in a small space		<input checked="" type="checkbox"/>	58.Do you drink alcohol? If yes, amount per week?					
21.Lump in breast / arm pit		<input checked="" type="checkbox"/>	42.Are you currently taking Any medication?		<input checked="" type="checkbox"/>	59. Have you been medical disembarked from offshore within the past 2 years? If yes, please specify:				<input checked="" type="checkbox"/>	
						60. Other illness not mentioned above. If yes, please specify:				<input checked="" type="checkbox"/>	
Have any of your family members suffered from the following?											
61.Diabetes		<input checked="" type="checkbox"/>	64.Heart Disease		<input checked="" type="checkbox"/>	67.Hypertension				<input checked="" type="checkbox"/>	
62.Tuberculosis		<input checked="" type="checkbox"/>	65.Epilepsy		<input checked="" type="checkbox"/>	68.Stroke <i>Rita @ 60y</i>				<input checked="" type="checkbox"/>	
63.Bronchial Asthma		<input checked="" type="checkbox"/>	66.Cancer		<input checked="" type="checkbox"/>	69.Blood Disease				<input checked="" type="checkbox"/>	

I hereby certify that the above information is correct to the best of my knowledge. I understand that voluntary non-disclosure of any information required above is a breach of PETRONAS fitness to work requirements and may result in disciplinary action against me. I further agree to give consent to the examining medical professionals to disclose the results of this medical questionnaire and associated medical examination details to PETRONAS, Petroleum Arrangement Contractor (PAC) and my Employer for managing all matters related to my Fitness to Work Offshore and/or Remote Onshore Worksite.

Signature:   
 Name: *MATHIAS KAWTHI PARAS*  
 Date: *8/8/2022*

Note: MPM AME shall enter the FTW Status into MPM E-Reporting System (MySDS) and retained a record for future reference.

DR. HENRY R. PONNIAH  
 KLINIK KMA CENTRE POINT  
 LOT 1-5 W12, W13 & W14, 5TH FLOOR  
 CPS TOWER, CENTRE POINT SABAH  
 88000 KOTA KINABALU, SABAH  
 TEL: 088 240248 FAX: 088-259248

## SECTION 2 – FOR USE BY EXAMINING DOCTOR

HEIGHT (Meter)	WEIGHT (Kilogram)	BMI (Kg/m <sup>2</sup> )	BLOOD PRESSURE	PULSE	VISION	Distant	Near	COLOUR VISION	BLOOD GROUP
				Corrected	6/6	6/6	- -		
				Uncorrected	6/60	6/60	- -	(N)	O+

N	A	DESCRIPTION	MEDICAL EXAMINATION – Detail of findings
/		1. Eyes & Pupils	
/		2. Ear/Nose/Throat	
/		3. Teeth & Gum	
/		4. Mouth	
/		5. Respiratory	
/		6. Cardiovascular System	
/		7. Abdomen	
/		8. Hernial Orifices	
/		9. Extremities	
/		10. Musculo-skeletal	
/		11. Skin & Varicose Veins	
/		12. Neurological	
/		13. Breasts	
/		14. Anus & Rectum	
/		15. Genito-Urinary Systems	
/		16. Others	

N	A	TEST	INVESTIGATION FINDINGS
/		1. Complete Blood Count	
/		2. BUSE	
/		3. Serum Creatinine	
/		4. Fasting Serum Lipid	
/		5. Fasting Blood Sugar (HbA1c if indicated)	
/		6. Urinalysis	
/		▪ Urine Drugs a. Amphetamine b. Benzodiazepines c. Cannabis d. MDMA e. Opiates f. Cocaine	
/		8. Audiometry	
/		9. Chest X-ray	
/		10. ECG (40 years and above or clinically indicated)	
/		11. Spirometry (if clinically indicated)	
/		12. Others	

N = Normal

A = Abnormal

DR. HENRY R. PONNIAH  
KUNIK KMI CENTRE POINT  
LOT 1-5 W12, W13 & W14, 5TH FLOOR  
OPS TOWER, CENTRE POINT SABAH  
88000 KOTA KINABALU, SABAH

Note: MPM AME shall enter the FTW Status into MPM E-Reporting System (MySDS) and retained a record for future reference. Tel: 088-260440 Fax: 088-269249



# Certificate of Achievement

This is to certify

**Mathias Rauth Parag**

---

has successfully attended and passed the

**PCSB PTW Level 2 Assessment**



Certificate valid

**2023-01-19 to 2026-01-17**

Certificate Serial No: **000000049241**

## FIT TEST REPORT

5/30/2023

ID NUMBER	20230675	IC NO	931021-13-6510
LAST NAME	PARAG		
FIRST NAME	MATHIAS RAUTH		
COMPANY	DIMENSION BID M SB		
LOCATION	MIRI		
TEST DATE	5/30/2023 13:57	PORTACOUNT S/N	8030154409
DUE DATE	5/29/2025	N95 COMPANION	N
RESPIRATOR	3M 6800 FULL MASK [500]	PROTOCOL	OSHA FAST-FULL/HALF FACE
MANUFACTURER	3M	PASS LEVEL	500
MODEL	6800		
MASK STYLE	FULL MASK	APPROVAL	NIOSH
MASK SIZE	M	EFFICIENCY<99%	False

<u>EXERCISE</u>	<u>DURATION (sec.)</u>	<u>FIT FACTOR</u>	<u>PASS</u>
BENDING OVER	50	5725	Y
JOGGING IN PLACE	30	3963	Y
HEAD SIDE TO SIDE	30	6921	Y
HEAD UP AND DOWN	30	15458	Y
<b>OVERALL FF</b>		6288	Y

FIT TEST OPERATOR AFT061(REMA KELAMBU) DATE 30/5/2023

NAME MATHIAS RAUTH PARAG DATE 30/05/2023

Note:



### Respirator Fit Test Card

Name: MATHIAS RAUTH PARAG Test Date: 5/30/2023

ID: 20230675 Next Test Date: 5/29/2025

#### Respirator

Mfg: 3M

#### Results

Overall FF: 6288

Model: 6800

FF Pass Level: 500

Style: FULL MASK

Pass: Y

Size: M

Operator: AFT061(R...

Protocol: OSHA FAST-FULL/HALF FACE

Fit Test Method: QNFT using TSI PortaCount

BORNEO SAFETY TRAINING SERVICES SDN BHD



Bahawasanya atas nama Seri Paduka Baginda Yang di-Pertuan Agong Malaysia, diminta semua yang berkaitan supaya membentarkan pembawa pasport ini melalui negara berkenaan dengan bebas tanpa halangan atau sekatan dan memberikan sebarang pertolongan dan perlindungan yang perlu kepadanya.

This is to request and require in the Name of His Majesty the Yang di-Pertuan Agong of Malaysia, all whom it may concern to allow the bearer of this passport **to** pass freely without let or hindrance, and to afford the bearer such assistance and protection as may be necessary.



## PASPORT MALAYSIA MALAYSIA PASSPORT

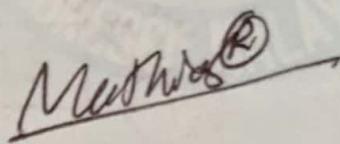


Pasport ini sah digunakan untuk semua negara kecuali Israel

*This passport is valid for all countries except Israel*

Pemerhatian/Observation

53192165



Tandatangan Pembawa/Signature of Bearer

MALAYSIA

Passport /  
Pasport

Jenis / Type

Kod Negara / Country Code

No. Pasport / Passport No.

P

MYS

K53192165

Nama / Name

**MATHIAS RAUTH PARAG**

Warganegara / Nationality

**MALAYSIA**

Tarikh Lahir / Date of Birth

**21 OCT 1993**

Jantina / Sex

**L-M**

Tarikh Dikeluarkan / Date of Issue

**06 JAN 2020**

Pejabat Pengeluar / Issuing Office

**LAWAS**



No. Pengenalan / Identity No.

**931021136501**

Tempat Lahir / Place of Birth

**SARAWAK**

Tinggi / Height

**160 cm**

Tarikh Tamat / Date of Expiry

**06 JUL 2025**



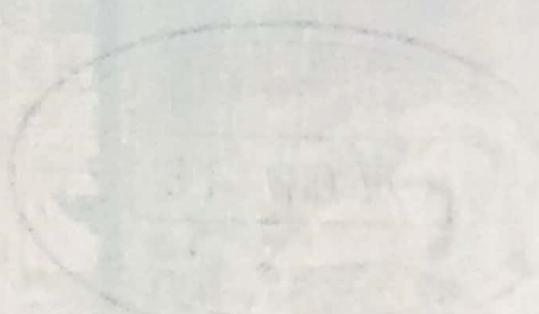
P<MYSMATHIAS<RAUTH<PARAG<<<<<<<<<<<<<<<<<<<<<

K531921654MYS9310210M2507064931021136501<<80



Visa/Visas

Visa/Visas



Pemerhatian/Observation



53192165



Tandatangan Pembawa/Signature of Bearer

MALAYSIA

Pasport /  
Passport

Jenis / Type

Kod Negara / Country Code

P MYS

No. Pasport / Passport No.

K53192165

Nama / Name

MATHIAS RAUTH PARAG

Warganegara / Nationality

MALAYSIA

Tarikh Lahir / Date of Birth

21 OCT 1993



No. Pengenalan / Identity No.

931021136501

Tempat Lahir / Place of Birth

SARAWAK

Tinggi / Height

160 cm

Tarikh Tamat / Date of Expiry

06 JUL 2025



0003432

Tarikh Dikeluarkan / Date of Issue

06 JAN 2020

Pejabat Pengeluar / Issuing Office

LAWAS

P<MYSMATHIAS<RAUTH<PARAG<<<<<<<<<<<<<<

K531921654MYS9310210M2507064931021136501<<80



# DIMENSION BID

## RESUME

DESIGNATION:	<b>Junior Field Engineer</b>
NAME:	Mathias Rauth Parag
NATIONALITY:	Malaysian
NRIC NO/PASSPORT :	931021-13-6501
MARITAL STATUS:	Single
AGE:	29 Years Old
ACADEMIC QUALIFICATIONS:	<ul style="list-style-type: none"><li>• Degree of Petroleum Engineering Universiti Teknologi Malaysia (UTM) Skudai, Johor</li><li>• Diploma Mechanical Engineering Politeknik Mukah Sarawak</li><li>• Sijil Pelajaran Malaysia (SPM), Mechanical Engineering Sekolah Menengah Teknik, Miri Sarawak</li></ul>
SKILL PROFILES:	<ul style="list-style-type: none"><li>• T-BOSIET with CAEBS Opito Approved IGTC Sdn Bhd</li><li>• Basic H2S Opito Approved IGTC Sdn Bhd</li><li>• Working at Height (WAH) Petronas Approved IGTC Sdn Bhd</li><li>• Basic Rigger Training Petronas Approved IGTC Sdn Bhd</li><li>• Basic First Aider (Petronas) IGTC Sdn Bhd</li><li>• Fire Watcher (Petronas) IGTC Sdn Bhd</li><li>• IWCF Level 4 Well Intervention &amp; Pressure Control</li></ul>
WORKING EXPERIENCE:	<ul style="list-style-type: none"><li>• Junior Field Engineer Dimension Bid (M) Sdn Bhd October 2022 – Present</li></ul>

# DIMENSION BID

- Assistant Engineer  
HAPM Consultant Sdn Bhd  
2021 - 2022
- Site Engineer  
Marvel Eight Sdn Bhd  
2019 – 2022

## CURRENT DUTIES AND RESPONSIBILITIES:

- The Field Engineer is the primary liaison with the customer, representing Dimension Bid operations need. He/She responsible for the safe, efficient performance, management and administration of logging operations at a customer's wellsite.
- Overseeing running, executing, installing and retrieving CHS logging tool and perforation / explosive services by wireline crew
- Maintain a high Service Quality and Safety during field job execution
- Providing Real-Time Data Acquisition and other well site analysis and decision-making processes.
- Responsible for the safe, efficient performance, management, and administration of logging operations at a customer's well site
- Highlight any operational problem to FSM
- Liaise and update with Operation Engineer and CHS Field Service Manager on daily operation status

### ELINE FE1:

- PLT Services
- MIT Services
- CIS with PNX
- Basic Perforation Services

### EMITE FE1:

- MPLT Services
- Memory MIT
- EMR Gauge
- Conduct pre-job preparation such as equipment pre-mob inspection and bench testing at base and location. To Accurately record well data and status prior to entering the well
- Ensure that client's requirement are met by maintaining a high standard of professionalism, quality, efficiency and safety in the performance of completion operations
- Responsible for WEST computation, Warrior Logging skill, and Emaurade Skill
- Draft, Execute and Implement 1ea CHS Improvement Project before promote to FE1 (Lean Project)
- Provide feedback or response to Clients request promptly
- Others as required or instruct by the reporting manager

## JOB PROFILE

- Served for a contract of Provision of Electronic Wireline Logging (EWL) for Petronas Carigali Sdn Bhd (Non Rig Assistaed – Primary: East Package & Optional West Package), 2021- Present



Help

## Digital Certificate for COVID-19 Vaccination

**MATHIAS RAUTH PARAG**  
931021136501  
D.O.B: 21 October 1993

**Dose 1:**

Date: 16-Jun-2021 11:47 AM  
Manufacturer: CoronaVac Suspension for Injection SARS-CoV-2 Vaccine (Vero Cell), Inactivated  
Facility: Dewan Masyarakat Kpg Long Tuma, Lawas  
Batch: 5019402

**Dose 2:**

Date: 16-Jul-2021 10:07 AM  
Manufacturer: CoronaVac Suspension for Injection SARS-CoV-2 Vaccine (Vero Cell), Inactivated  
Facility: Dewan Masyarakat Kpg Long Tuma, Lawas  
Batch: C202105100

**Booster Dose 1:**

Date: 13-Jan-2022 03:31 PM  
Manufacturer: COMIRNATY Concentrate for Dispersion for Injection  
Facility: Klinik Kesihatan Lawas  
Batch: FK6268



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Home



Health Records



COVID-19



Profile