

DIMENSION BID



SLICKLINE SERVICES DEVELOPMENT PLAN

SA III > SSA I PROMOTION BOOKLET

FULL NAME:	MANSYUR BIN WAHYUDDIN
JOINED DATE:	04 OCTOBER 2021
CONFIRMATION DATE:	
REGION:	EAST MALAYSIA OPERATION
DIVISION:	SLICKLINE SERVICES
CONTROL DATE:	14 APRIL 2025



SLICKLINE SERVICES DEVELOPMENT PLAN SA III > SSA I PROMOTION BOOKLET

SA III Control Process

SA III 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 start your SA III control within 18 - 30 months from joining Dimension Bid Sdn. Bhd, depending on your competency development progress. The SA III module is more technical and operations oriented combined with troubleshooting element. By this stage a SA III is expected to have executed most of SLS services.

The path for SA III to prepare for SSA I control will be:

1 Perform at least:

- i. 5 Sea Offshore Trips (at least 3 different job types) – List of job refer to Para 6.3 a. Slickline Personnel Competency Matrix, items no 40 – 59.
- ii. Conduct 1ea Technical Presentation (preferably at DB KL Office)
- iii. Conduct 1ea x HSSE SQ Presentation OR 1 HSE Contribution Activity
- iv. Attend 3ea Technical In-house Training
- v. Submit 1ea UAUC/day while offshore

2 Complete the following paperwork:

- i. SLS-FORM-142: SLS CMS Slickline Assistant III Promotion Booklet
- ii. SLS-FORM-149: SLS CMS Job Track Record
- iii. SLS-FORM-150: Slickline Assistant Workbook (for new hire)
- iv. SLS-FORM-13: Slickline Assistant Performance Assessment Feedback
- v. Slickline Assistant III Training & Exam Module
- vi. HR-FORM-09 : Performance Appraisal & Development Plan

Note:

- 1 The HSSE presentation doesn't have to be self-made. You can use presentation from supplier or any other sources.
- 2 When preparing for the presentation, please expect questions from your audience. The presentation needs to demonstrate your full understanding in HSSE & SQ
- 3 During the HSSE presentation, you are expected to demonstrate your full understanding and awareness in HSSE & SQ
- 4 During the Technical presentation, you are expected to demonstrate your knowledge and understanding in Surface Equipment, Slickline DHT, Slickline Job Type and Challenges & Lesson Learnt.
- 5 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.

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.

SLICKLINE ASSISTANT III EVALUATION SHEET
SLICKLINE SERVICES

SLICKLINE ASSISTANT III DETAILS

FULL NAME

SENIORITY DATE

MANSYUR BIN WAHYUDDIN

REGION
EMODIVISION
SLS

UNIT/SECTION

LOCATION

CONFIRMATION DATE

Please tick (✓) at the relevant box the Competency Level of the Slickline Assistant III (L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding)

SAFETY	L1	L2	L3	L4	L5	ASSESSED BY	DATE	QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE
DB HSE Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI.F.	14/4/25	QMS & ISO knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25
Risk Assesment and Hazard Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25	DB Quality Policy & Objectives	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25
Field Safety and PTW Familiarization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25	DB Slickline Procedure and SOP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25

Custodian Name and Position	AMINI FADZLAN (FSM)	Custodian Signature/Date	 14/4/25
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SERVICE QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE	SERVICE QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE
Basic Knowledge of Slickline Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25	Slickline Job Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25
Tools and Equipment Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25	Post-job Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25

Custodian Name and Position	AMINI FADZLAN (FSM)	Custodian Signature/Date	 14/4/25
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PERSONAL QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE	PERSONAL QUALITY	L1	L2	L3	L4	L5	ASSESSED BY	DATE
Learning Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25	Field Operations Readiness Status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25
Time Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25	Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25
Command/Instruction Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25	Communication Skills - Writing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25
Self Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25	Communication Skills - Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25

Custodian Name and Position	AMINI FADZLAN (FSM)	Custodian Signature/Date	 14/4/25
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MANAGEMENT / ADMINISTRATION	L1	L2	L3	L4	L5	ASSESSED BY	DATE	MANAGEMENT / ADMINISTRATION	L1	L2	L3	L4	L5	ASSESSED BY	DATE
Inventory Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25	Inspection Knowledge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25
Materials Planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25	Slickline Job Reporting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI F.	14/4/25

Custodian Name and Position	AMINI FADZLAN (FSM)	Custodian Signature/Date	 14/4/25
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MANAGER'S COMMENTS	Specify the candidate main strong points and development areas
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ENOUGH KNOWLEDGE FOR SERVICE QUALITY, MAINTENANCE & OVERALL PLANNING. READY FOR PROMOTION

CANDIDATE'S COMMENTS	Add comments about the support you have received from your tutor/location
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RECOMMENDED FOR NEXT POSITION ?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Remark : If NO, please submit e-mail to FSM and specify details here.
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CANDIDATE'S SIGNATURE	INSTRUCTOR'S SIGNATURE	MANAGER'S SIGNATURE	DATE
			14/4/25

SLICKLINE ASSISTANT III TECHNICAL EVALUATION SHEET

SLICKLINE SERVICES

SLICKLINE ASSISTANT III DETAILS

FULL NAME				SENIORITY DATE
MANSYUR BIN WAHYUDDIN				
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE
EMO	SLS			

TECHNICAL EVALUATION

Please tick (✓) at the relevant box the Competency Level of the Slickline Assistant III
(L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding)

WIRELINE	A B C			MAINTENANCE	A B C			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wireline Operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit/P.Pack/Winch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Well Completion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Down Hole Tool Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Well Head Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setup Surface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maintenance Flow Process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mast and Hoisting System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genset/Air Comp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position AMINI FADZLAN (FSM)				Custodian Name and Position AMINI FADZLAN (FSM)				
Custodian Signature/Date  14/4/25				Custodian Signature/Date  14/4/25				
Trouble Shooting Skill	A B C			PCE	A B C			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rig Up & Rig Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Control Module	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Down Hole Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pressure Control Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure Control Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single Well Control Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SWCP/T.Pump/Control Module	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure Test Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position AMINI FADZLAN (FSM)				Custodian Name and Position AMINI FADZLAN (FSM)				
Custodian Signature/Date  14/4/25				Custodian Signature/Date  14/4/25				
Operation	A B C			GENERAL	A B C			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winch Man	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Special Tools Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logging/Perforating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fishing Tools Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custodian Name and Position AMINI FADZLAN (FSM)				Custodian Name and Position AMINI FADZLAN (FSM)				
Custodian Signature/Date  14/4/25				Custodian Signature/Date  14/4/25				

DIMENSION BID

INSTRUCTOR'S COMMENTS

MANSYUR HAS TAKEN UP THE ROLE OF SR. ASSISTANT OFFSHORE A NUMBER OF TIME WITHOUT ANY CONCERNING ISSUE. TECHNICALLY GOOD AND WITH ENOUGH EXPERIENCE READY FOR PROMOTION

CANDIDATE'S COMMENTS

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

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

DATE

14/4/25

SLICKLINE ASSISTANT III EVALUATION CHECKLIST SLICKLINE SERVICES

SLICKLINE ASSISTANT III DETAILS

FULL NAME

SENIORITY DATE

MANSYUR BIN WAHYUDDIN

REGION

DIVISION

UNIT/SECTION

LOCATION

CONFIRMATION DATE

EMO

SLS

SLICKLINE ASSISTANT III 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

<input checked="" type="checkbox"/> 5 x Offshore Trip	(Please attach SLS-FORM-149 Job Track Record)
<input checked="" type="checkbox"/> 1ea x Technical Presentation	(Preferably at DB KL Office - Please attach slide presentation)
<input checked="" type="checkbox"/> Completed Slickline Assistant III Training & Exam Module	
<input checked="" type="checkbox"/> Attend 3ea x Technical Inhouse Training	
<input checked="" type="checkbox"/> 1 ea UAUC per day (for every offshore trip) and signed by Safety Officer	
<input checked="" type="checkbox"/> Completed Slickline Assistant Performance Assessment Feedback for all jobs performed (refer Job Track Record)	
<input type="checkbox"/> Completed Performance Appraisal & Development Plan	

PAPERWORK

<input checked="" type="checkbox"/> Slickline Assistant III Evaluation Sheet
<input checked="" type="checkbox"/> Slickline Assistant III Technical Evaluation Sheet
<input checked="" type="checkbox"/> Job Tracking Record (Verified by FSM)
<input checked="" type="checkbox"/> Technical Slide Presentation (Verified by OM)
<input checked="" type="checkbox"/> Technical Inhouse Training Attendance
<input checked="" type="checkbox"/> 1ea UAUC per day and signed by Safety Officer
<input checked="" type="checkbox"/> SLS-FORM-13 : Slickline Assistant Performance Assessment Feedback
<input type="checkbox"/> HR-FORM-09 : Performance Appraisal & Development Plan

VERIFICATION

I hereby verify that the above paperwork 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 Slickline Assistant program in future.

PREPARED AND SUBMITTED BY

SIGNATURE

NAME :

POS :

DATE :

DIMENSION BID

ENDORSEMENT

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

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

VERIFIED BY



SIGNATURE

NAME : AMINI FADZLAN ABU ZAMIR

POS : FSM

DATE : 14 APRIL 2025

AGREED BY

SIGNATURE

NAME :

POS :

DATE :

FOR HR USAGE

I hereby received this Slickline Assistant III package for processing

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

RECEIVED BY

SIGNATURE

NAME :

POS :

DATE :