

**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.<br><br>Check via questioning (oral/written) for under-pinning knowledge on the Well Services objective programs (include related procedures) | ✓                  |    |     | C          |         |
| 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          |         |

## 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>Check via questioning (oral/written), the under-pinning knowledge on the process of applying a PTW.<br>Check understanding on PTW procedures.  | ✓                  |    |     | C          |         |
| d  | Third party utilities are verified in accordance with operational and statutory requirements.       | Check evidence on valid equipment passport.  | ✓                  |    |     | C          |         |
| 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>To provide evidence on materials and equipment checklist (materials requisition, inventory checklist and equipment checklist). | ✓                  |    |     | C          |         |
| 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          |         |

Legend:

Source of Evidence: ☐ O/I Observation / Interview☐ SD Supporting Document☐ Q / A Written Questions & AnswersCompetence ☐ 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>(Name)<br>Signature<br>Date | <b>Agreed by:</b><br>(TSO)<br><br>(Name)<br>Signature<br>Date | <b>Verified by:</b><br>(FSM)<br><br>(Name)<br>Signature<br>Date |
| mbeadomko niko<br><br><br>23/9/23                                    | Ammirol AHMAD<br><br><br>24/09/23                             | Alison Akin<br><br><br>25/9/23                                  |

**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   | ✓   |    |