

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. 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. (Third Party feedback will be helpful and supportive i.e. from immediate supervisors, OIM, WS)	/			C	

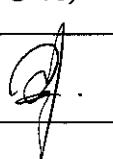
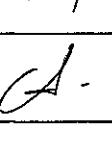
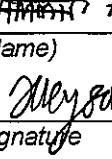
Element: CAP 1.2.1 Plan Operational Requirements

PC	Description of Performance Criteria	Description of Evidence	Source of evidence			Competence	Remarks
			O/I	SD	Q/A		
c	Permit to Work is obtained in accordance with organisational and statutory requirements.	Confirm via the evidence (e.g. PTW forms) submitted. Check via questioning (oral/written), the under-pinning knowledge on the process of applying a PTW. 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. 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:	<input type="checkbox"/> O/I	Observation / Interview	<input type="checkbox"/> SD	Supporting Document	<input type="checkbox"/> Q/A	Written Questions & Answers
Competence	<input type="checkbox"/> C	Competent	<input type="checkbox"/> NYC	Not Yet Competent		

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

Assessed by: (Operator)	Agreed by: (TSO)	Verified by: (FSM)
Melvynko NIKO (Name) 	Amritpal . AHMAD (Name) 	Alleyson Akin (Name) 
Signature	Signature	Signature
23/9/23	24/09/23	25/9/23
Date	Date	Date

SITE OBSERVATION CHECKLISTUnit: CAP 1.2 PLAN FOR WELL SERVICES OPERATIONSElement: 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	✓	