

Title	Maintenance – Coiled Tubing Equipment							
Target Population	Field Engineers, Field Specialists & Equipment Operators							
This requirement is applicable to:	✓	JFE	✓	FST	✓	EOT		
	✓	FE1	✓	FS1	✓	EO1		
		FE2		FS2	✓	EO2		
				FS3	✓	EO3		
					✓	GEO		

Objective:

The objective of this task is to evaluate and verify the employee's competency in performing basic maintenance on Coil Tubing Unit under supervision including:

Description		JFE	FE1	FST	FS1	EOT	EO1	EO2	EO3	GEO
1	Batch Mixer	✓		✓		✓	✓			✓
2	Fluid Pumping Unit	✓		✓			✓	✓		✓
3	Nitrogen Converter	✓	✓		✓			✓	✓	✓
4	Coiled Tubing Unit including:	✓	✓		✓				✓	✓
	<i>Power Pack</i>									
	<i>Control Cabin</i>									
	<i>CT Reel</i>									
	<i>Injector Head</i>									
	<i>Pressure Control Equipment</i>				✓					
5	Basic BHA Components	✓	✓	✓				✓	✓	✓

The employee should be able to identify the components of CT equipment including those found in hydraulic circuits, explain their functions, ratings and maintenance procedures. This include filling out the EMC 1 form.

He should have basic knowledge of hydraulics including the various components and principles of operations.

Tasks:

The employee will be assigned under an experienced mechanic / electrician or a mentor in the base to guide him in performing the maintenance tasks. This include tracing of the hydraulic lines by referring to Operation and Maintenance Manual.

1. Identify the main components and functions of CTU (i.e. injector head, CT reel, stripper, BOP etc.)
2. Identify main components and functions of basic BHA
3. Physically check the CTU components and fill out the EMC 1 form.
4. Assist in assembly and disassembly of the following components (whenever possible):
 - Injector head conversion. Identify each parts.

- Reel swivel maintenance. Identify each parts.
 - Stripper (replace inserts/brass bushing). Identify each parts.
 - BOP conversion/replacing inserts including function and pressure testing. Identify each parts.
 - Downhole tools (connectors, check valves, nozzles)
5. Show and explain the hydraulics system of the CT unit.
6. Prepare a report for the activities and explain it to the assigned mentor

IMPORTANT NOTE: The assigned Assessor must conduct the required evaluation to evaluate employee's competency and provide feedback through the respective Task Evaluation Forms PRIOR TO completing this Task Sheet.

This task is deemed INCOMPLETE without the Task Evaluation Forms

Brief summary of employee's learning outcome (to be completed by Assessor):

After review all the document in pdf, I have brief all the task that related to EMC II it is good.

Assessor's Comments & Recommendation:

Good Performer

Signature		Assessment Date	28/7/2024
Name	Arman Abd Razak	Position	C/ Mechanic

FSM / OM Comments & Recommendation:

Good leadership during handling maintenance

Signature		Assessment Date	28/7/24
Name	Ridhwan Anzan	Position	EMC

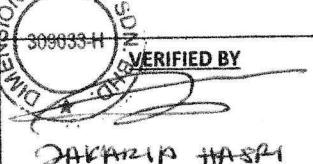
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Equipment Maintenance Checklist 1		PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION				
Equipment type	: Downhole Tools										
Equipment number	: CTS/MHA/1.687/05										
Y	N	Checklist									
Tasks											
<input checked="" type="checkbox"/> Clean and disassemble entire tool <input checked="" type="checkbox"/> Visually inspect all seal for scratches <input checked="" type="checkbox"/> Visually inspect threads for damage <input checked="" type="checkbox"/> Visually inspect all components for cracks and pitting <input checked="" type="checkbox"/> Replace all elastomers (oring, seal rings, elements) <input checked="" type="checkbox"/> Replace all shear screws <input checked="" type="checkbox"/> Visually inspect all set screws <input checked="" type="checkbox"/> Replace check valve springs and pins <input checked="" type="checkbox"/> Ball seat condition <input checked="" type="checkbox"/> Lubricate all threads <input checked="" type="checkbox"/> Tool dressed as per Tech Unit (with Lubricant) <input checked="" type="checkbox"/> Pressure test 5000K psi <input checked="" type="checkbox"/> Drift Ball OD : <input checked="" type="checkbox"/> Drift Tool OD <input checked="" type="checkbox"/> Make sure all shear and set screws are tapped <input checked="" type="checkbox"/> Replace all set screws <input checked="" type="checkbox"/> Dimensional Inspection Points as per Tech Unit <input checked="" type="checkbox"/> Perform MPI Testing											
Location Mob/Demob : Duray - D. Date : 5/7/2023											
Y	N	Checklist									
Certifications:											
<input checked="" type="checkbox"/> The Wall Thickness Measurement need to be documented <input checked="" type="checkbox"/> Third Party Documentation needs to be attached											
Please state the equipment readiness <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Ready</td> <td style="width: 50%;">Not Ready</td> </tr> <tr> <td></td> <td> 1. Item Demob from Duray Delta 2. Heavy Corroded ID and OD. 3. Need to do full redress to ensure part is OK. </td> </tr> </table>								Ready	Not Ready		1. Item Demob from Duray Delta 2. Heavy Corroded ID and OD. 3. Need to do full redress to ensure part is OK.
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NAME	POSITION	EXAMINER SIGNATURE									
Zelani Harchin.	G.E.O	   VERIFIED BY  Zelani Harchin									

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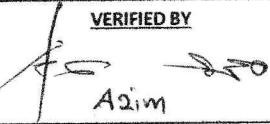
CTS/SPINCAT 2.125/01

Equipment Maintenance Checklist 1		PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION				
Equipment type	Downhole tools										
Equipment number											
Y N Checklist		Location: M09/06/002 Date:									
Tasks		Certifications:									
<input checked="" type="checkbox"/> Clean and disassemble entire tool <input checked="" type="checkbox"/> Visually inspect all seal for scratches <input checked="" type="checkbox"/> Visually inspect threads for damage <input checked="" type="checkbox"/> Visually inspect all components for cracks and pitting <input checked="" type="checkbox"/> Replace all elastomers (oring, seal rings, elements) <input checked="" type="checkbox"/> Replace all shear screws <input checked="" type="checkbox"/> Visually inspect all set screws <input checked="" type="checkbox"/> Replace check valve springs and pins		<input checked="" type="checkbox"/> The Wall Thickness Measurement need to be documented <input checked="" type="checkbox"/> Third Party Documentation needs to be attached									
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NAME	POSITION	<u>EXAMINER SIGNATURE</u> 									
Jelani Ibrahim	G.E.O	<u>VERIFIED BY</u>  DAKARIA HASRI									

DIMENSION BID

Equipment Maintenance Checklist 1			PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION
			<input checked="" type="checkbox"/>	0. Yard				
Equipment type : Batch Mixer Tank			Location Mob/Demob : Open Open Yard					
Equipment number : CTU/BM/03			Date : 27/9/2022					
Y	N	Checklist						
Appearance & Safety Equipment:								
<input checked="" type="checkbox"/>		Ensure unit is clean						
<input checked="" type="checkbox"/>		Skid condition - visually check for any damage						
<input checked="" type="checkbox"/>		Walkway/Ladders - check for any damage						
<input checked="" type="checkbox"/>		Ensure anti slip installed at walkway/ladder						
Labelling								
<input checked="" type="checkbox"/>		MGW and SWL in place						
<input checked="" type="checkbox"/>		Last annual inspection						
Lifting Devices								
<input checked="" type="checkbox"/>		Inspection on shackles and pins, slings and lugs						
<input checked="" type="checkbox"/>		MPI on pad eye if necessary						
<input checked="" type="checkbox"/>		Mark the inspection date and due date						
<input checked="" type="checkbox"/>		Load test is current						
<input checked="" type="checkbox"/>		All protection caps and ID tags in place.						
Corrosion, Dent, Defects in Weld								
<input checked="" type="checkbox"/>		Check for rust in weld, no leaks						
<input checked="" type="checkbox"/>		Check for leakages or any damage at tank						
<input checked="" type="checkbox"/>		Check all piping, manhole covers, valves						
Safety Equipment and Certification								
<input checked="" type="checkbox"/>		Visual inspection of all pad eyes and lifting gear						
<input checked="" type="checkbox"/>		Safety guards and rail in working condition						
Please state the equipment readiness								
Ready				Not Ready				
not ready for next job				+				
Maintenance type done. (Please state if any spare used)								
Preventive Maintenance				Corrective Maintenance				
NAME		POSITION		EXAMINER SIGNATURE		VERIFIED BY		
Zaini		G.E.O				Amin		

DIMENSION BID

Equipment Maintenance Checklist 1		PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION
		<i>Prepared by</i>					
		<i>23/2/2024</i>					
Equipment type : Single Pump Unit Location Mob/Demob : Equipment number : CTU/SP/02		Running Hours : 1450 Date : 23/2/2024					
Y N Checklist		Y N Checklist					
Appearance & Safety Equipment: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ensure unit appearance good and clean <input checked="" type="checkbox"/> Verify that all earth/ground cables are in place , well connected <input checked="" type="checkbox"/> Skid condition - visually check for any damage <input checked="" type="checkbox"/> Fire extinguisher is present and certified 							
Cooling System: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Coolant level & condition <input checked="" type="checkbox"/> Check visible leaks <input checked="" type="checkbox"/> Radiator hose & clamp condition <input checked="" type="checkbox"/> Perform visual and physical check on radiator fin 							
Engine: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check engine oil level(SAE 15w-40) not be milty or too dark <input checked="" type="checkbox"/> Check any general leaks on all filter ,hoses, and connectors. <input checked="" type="checkbox"/> Check fan, hub, fanbelt condition/tension <input checked="" type="checkbox"/> Check condition of engine hoses <input checked="" type="checkbox"/> Check for rusted part- repair/repaint if required <input checked="" type="checkbox"/> Check the crankcase vent system for excessive blow by <input checked="" type="checkbox"/> Check engine mounting condition - tight any loose bolt 							
Controls / Instrumentation: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Normal kill and emergency kill tested <input checked="" type="checkbox"/> Check converter lock-up (if applicable) <input checked="" type="checkbox"/> Check all gauges are in good condition and working <input checked="" type="checkbox"/> Check (Rate+RPM) and (Pressure+OPS) condition <input checked="" type="checkbox"/> Throttle control in good condition <input checked="" type="checkbox"/> OPSD tested 							
Exhaust System: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pipework - check for any leak or damage <input checked="" type="checkbox"/> Condition/Operation of exhaust flapper <input checked="" type="checkbox"/> Condition of exhaust wrap are in place and in good condition 							
Transmission, PTO & Drivelines: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sight glass/dipstick shows in full (SAE 90) <input checked="" type="checkbox"/> Start & idle engine(5- Min) recheck oil level <input checked="" type="checkbox"/> Listen for excessive noise at PTO <input checked="" type="checkbox"/> Condition of transmission hoses & fittings <input checked="" type="checkbox"/> Grease U-joint & propeller shaft 							
Hydraulic System: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Hyd. Hoses/valve/connections undamage and clean <input checked="" type="checkbox"/> Hyd.tank - drain any water <input checked="" type="checkbox"/> Check hydraulic oil level (2" from top) (Tellus 46) <input checked="" type="checkbox"/> Check hydraulic gauges <input checked="" type="checkbox"/> Check condition of fittings & couplings 							
Fuel System: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check for any water contamination in the fuel filter sight bowl <input checked="" type="checkbox"/> Check fuel tank breather cap condition <input checked="" type="checkbox"/> Check for leaks on fuel lines, connections, and hoses <input checked="" type="checkbox"/> Fuel filter - check condition <input checked="" type="checkbox"/> Fill up the diesel tank to 90% <input checked="" type="checkbox"/> Drain 1 litre fuel from drain valve 							
Please state the equipment readiness Ready <i>- unit ready for the job.</i>							
Maintenance type done. (Please state if any spare used)							
Preventive Maintenance				Corrective Maintenance			
NAME <i>Zulani</i>		POSITION <i>U.K.O</i>		EXAMINER SIGNATURE 		VERIFIED BY  <i>Azim</i>	

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Equipment Maintenance Checklist 1		PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION																																																																																																																																																						
Equipment type : DSQ4 Side Door Stripper		Location Mob/Demob : <i>During</i> Date : <i>15/8/2024</i> .																																																																																																																																																											
<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> <th>Checklist</th> </tr> </thead> <tbody> <tr> <td colspan="8">Appearance & Safety Equipment:</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Ensure unit is clean</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Physically check body for damages</td> </tr> <tr> <td colspan="8">Connections:</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check for any leaks at connections</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check threads condition</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check hydraulic fittings and hoses condition</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check seals faces and grooves</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Grease when required</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Plastic caps on all fittings</td> </tr> <tr> <td colspan="8">Stripper Elements:</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check packer elements condition</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check energizer condition</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check brass bushings condition</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check non-extrusion rings condition</td> </tr> <tr> <td colspan="8">Seals & Back-up Rings:</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check M-seal and backup seal condition</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check O-ring and backup seal on CB connection</td> </tr> <tr> <td colspan="8">Pressure & Function Test:</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Test stripper pack and retract function</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Check communication with the cabin</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td>Pressure test as required (prior to load out) <i>During operation</i></td> </tr> <tr> <td colspan="8" style="text-align: center;">Please state the equipment readiness</td> </tr> <tr> <td colspan="4" style="text-align: center;">Ready</td> <td colspan="4" style="text-align: center;">Not Ready</td> </tr> <tr> <td colspan="4"> <p><i>- Ready for Job</i></p> </td> <td colspan="4"></td> </tr> <tr> <td colspan="8" style="text-align: center;">Maintenance type done. (Please state if any spare used)</td> </tr> <tr> <td colspan="4" style="text-align: center;">Preventive Maintenance</td> <td colspan="4" style="text-align: center;">Corrective Maintenance</td> </tr> <tr> <td colspan="2">NAME <i>Saloni</i></td> <td colspan="2">POSITION <i>G-E.O</i></td> <td colspan="2">EXAMINER SIGNATURE <i>S. J.</i></td> <td colspan="2">VERIFIED BY <i>J. P. Syntex</i></td> </tr> <tr> <td colspan="2">Doc. Ref. No.: CTS-FORM-21 Rev. No.: 01</td> <td colspan="2"></td> <td colspan="2">CONTROLLED COPY</td> <td colspan="2"></td> </tr> </tbody> </table>								Y	N	Checklist	Appearance & Safety Equipment:								<input checked="" type="checkbox"/>		Ensure unit is clean	<input checked="" type="checkbox"/>		Physically check body for damages	Connections:								<input checked="" type="checkbox"/>		Check for any leaks at connections	<input checked="" type="checkbox"/>		Check threads condition	<input checked="" type="checkbox"/>		Check hydraulic fittings and hoses condition	<input checked="" type="checkbox"/>		Check seals faces and grooves	<input checked="" type="checkbox"/>		Grease when required	<input checked="" type="checkbox"/>		Plastic caps on all fittings	Stripper Elements:								<input checked="" type="checkbox"/>		Check packer elements condition	<input checked="" type="checkbox"/>		Check energizer condition	<input checked="" type="checkbox"/>		Check brass bushings condition	<input checked="" type="checkbox"/>		Check non-extrusion rings condition	Seals & Back-up Rings:								<input checked="" type="checkbox"/>		Check M-seal and backup seal condition	<input checked="" type="checkbox"/>		Check O-ring and backup seal on CB connection	Pressure & Function Test:								<input checked="" type="checkbox"/>		Test stripper pack and retract function	<input checked="" type="checkbox"/>		Check communication with the cabin	<input checked="" type="checkbox"/>		Pressure test as required (prior to load out) <i>During operation</i>	Please state the equipment readiness								Ready				Not Ready				<p><i>- Ready for Job</i></p>								Maintenance type done. (Please state if any spare used)								Preventive Maintenance				Corrective Maintenance				NAME <i>Saloni</i>		POSITION <i>G-E.O</i>		EXAMINER SIGNATURE <i>S. J.</i>		VERIFIED BY <i>J. P. Syntex</i>		Doc. Ref. No.: CTS-FORM-21 Rev. No.: 01				CONTROLLED COPY			
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Equipment Maintenance		PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION
Checklist 1		— <i>Dulay</i>					
Equipment type : Dual Combi BOP		Location Mob/Demob: <i>Dulay - O.</i>					
Equipment number : C941980P102		Date : 16/3/2024					
Y	N	Checklist					
Appearance & Safety Equipment:							
<input checked="" type="checkbox"/>		Ensure unit is clean					
<input checked="" type="checkbox"/>		Visually check for any damage					
<input checked="" type="checkbox"/>		Guard and shield in place					
Rams & Body:							
<input checked="" type="checkbox"/>		Check for any damage. Thoroughly clean the unit.					
<input checked="" type="checkbox"/>		Inspect all blades condition					
<input checked="" type="checkbox"/>		Equalizing valve - inspect and clean					
<input checked="" type="checkbox"/>		Check all seals condition					
<input checked="" type="checkbox"/>		Visual check of bottom O- ring / back-up					
<input checked="" type="checkbox"/>		Visual check of bottom ring gasket BX155					
Hydraulics & BOP Functions:							
<input checked="" type="checkbox"/>		Check hydraulic hoses and connectors condition					
<input checked="" type="checkbox"/>		Check condition of hose canvas					
<input checked="" type="checkbox"/>		Manual lock - grease and function test					
<input checked="" type="checkbox"/>		Ram functions - cycle all rams (open & close)					
<input checked="" type="checkbox"/>		Indicators/ pins - ensure full movement					
<input checked="" type="checkbox"/>		Ram equalizing valve - function test					
Pressure Test:							
<input checked="" type="checkbox"/>		Pipe/Slip to 5000psi for 10 min <i>Test done</i>					
<input checked="" type="checkbox"/>		Blind/Shear ram to 5000 psi for 10 min <i>Test done</i>					
<input checked="" type="checkbox"/>		Body to 5000 psi for 10 min <i>Test done</i>					
X-Overs:							
<input checked="" type="checkbox"/>		BX155 Flange x CB44 Pin - Valid on certification					
<input checked="" type="checkbox"/>		BX155 Flange x CB44 Box - Valid on certification					
Connections:							
<input checked="" type="checkbox"/>		Studs,bolts and nuts for flanges - clean and check condition					
<input checked="" type="checkbox"/>		2 1/16" to Fig1502 thread installed and pressure tested					
<input checked="" type="checkbox"/>		Lifting cap installed - Clean and grease					
<input checked="" type="checkbox"/>		Grease CB44 Pin & box connection					
<input checked="" type="checkbox"/>		Thread / Flanges protectors - installed					
Please state the equipment readiness							
Ready				Not Ready			
<i>- Unit ready for Next Job</i>							
Maintenance type done. (Please state if any spare used)							
Preventive Maintenance				Corrective Maintenance			
NAME	POSITION	EXAMINER SIGNATURE			VERIFIED BY		
<i>Zalani</i>	<i>G.E.O</i>	<i>ZL</i>			<i>ZL</i> <i>Syntari</i>		
Doc.Ref.No.: CTS-FORM-20		CONTROLLED COPY					
Rev. No.: 01							
Effective Date: 01/02/2022							
(Rev.00,Dated:01/11/16-OBSOLETE)							

DIMENSION BID

Equipment Maintenance Checklist 1

PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION
<input checked="" type="checkbox"/>	DLD				

Equipment type : CTU Injector Head HR680

Location Mob/Demob : DLD

Equipment number : 01118703

Y N Checklist

Appearance & Safety Equipment:

- Ensure unit is clean
- Skid condition - visually check for any damage
- Walkway/Ladders - check for any damage

Lubrication:

- Chain lube oil tank level
- Grease at all grease point

Hydraulic System:

- Check all hydraulic Hoses for damage,leaks or wear
- Fitting & coupling condition
- Check accumulators for correct precharge:
- Upper Traction 500 psi
- Middle Traction 300 psi
- Lower Traction 3 psi
- Outside Tension 650 psi

Chains:

- Chains in clean condition
- Check chain,rollers,bearings,pins & gripper blocks condition
- Check chain alignment
- Check for unusual noise when running

Chain Tensioner System:

- Check all sprockets for wear and damage
- Grease all bearings - drive and idler sprocket
- Check cylinders for wear and damage

Drive Motor & Gear Box:

- Check gearbox lubricant level
- Function test drive and brake system
- Check for any leak or damage

Gooseneck:

- Check gooseneck alignment (prior to stab in)
- Check gooseneck rollers for damages
- Check linkages,pins,locking,covers and supports condition

Please state the equipment readiness

Ready

Not Ready

-Not ready for Next Job.

Maintenance type done.(Please state if any spare used)

Preventive Maintenance

Corrective Maintenance

NAME

Jalani

Doc.Ref.No.: CTS-FORM-17

Rev. No.: 01

POSITION

G.E.O

EXAMINER SIGNATURE

VERIFIED BY

DIMENSION BID

Equipment Maintenance			PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION
Checklist 1			<input checked="" type="checkbox"/>	000				
Equipment type : DHD7000 Reel Frame			Location Mob/Demob : Diment - D.					
Equipment number : CTH101DF/01			Date : 10/11/2024					
Y	N	Checklist						
Appearance & Safety Equipment:								
<input checked="" type="checkbox"/>		Ensure unit is clean						
<input checked="" type="checkbox"/>		Physically check frames and skid for damages						
<input checked="" type="checkbox"/>		Check walkway/ladder for any damages						
<input checked="" type="checkbox"/>		Loads secured						
<input checked="" type="checkbox"/>		Ensure anti slip installed at walkway/ladder						
Swivel and Fluid Manifold:								
<input checked="" type="checkbox"/>		Manifold complete and secured						
<input checked="" type="checkbox"/>		Grease plug valves and chiksans						
<input checked="" type="checkbox"/>		Swivel bolts in place						
<input checked="" type="checkbox"/>		Pressure test as required						
Reel Drive System:								
<input checked="" type="checkbox"/>		Check drive chains condition and lubricate accordingly						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Check chain case oil level						
<input checked="" type="checkbox"/>		Grease main bearing accordingly						
<input checked="" type="checkbox"/>		Check hydraulic hoses and connections for leaks/damages						
Reel Brake System:								
<input checked="" type="checkbox"/>		Check for any damages						
<input checked="" type="checkbox"/>		Test reel brake and drive system						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Check drive chain tension						
Levelwind:								
<input checked="" type="checkbox"/>		Test override clutch system						
<input checked="" type="checkbox"/>		Check chains and leadscrew condition and operation						
<input checked="" type="checkbox"/>		Visual check leadscrew yoke & leadcrew						
<input checked="" type="checkbox"/>		Correct level wind sprocket for tubing						
<input checked="" type="checkbox"/>		Check level wind trolley condition						
<input checked="" type="checkbox"/>		Function test levelwind arm (up/down)						
Please state the equipment readiness								
Ready					Not Ready			
Ready for Next Job								
Maintenance type done. (Please state if any spare used)								
Preventive Maintenance					Corrective Maintenance			
NAME		POSITION		EXAMINER SIGNATURE		VERIFIED BY		
Zalani		G.B.O				Syukri		

DIMENSION BID

Equipment Maintenance			PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION
Checklist 1			<input checked="" type="checkbox"/>	DRD				
Equipment type : CTU Control Cabin			Location Mob/Demob : <i>Drill</i>					
Equipment number : CTU SE/NOV/2021/002			Date : <i>07/07/2024</i>					
Y	N	Checklist						
Appearance & Safety Equipment:								
<input checked="" type="checkbox"/>		Ensure unit is clean						
<input checked="" type="checkbox"/>		Skid condition - visually check for any damage						
<input checked="" type="checkbox"/>		Fire extinguisher is present and certified						
Cabin - General:								
<input checked="" type="checkbox"/>		Inspect hoses for excessive wear						
<input checked="" type="checkbox"/>		Check all attaching hardware for tightness						
<input checked="" type="checkbox"/>		Check under panels for sign of leaking hoses						
<input checked="" type="checkbox"/>		Check hoses for signs of weeping						
<input checked="" type="checkbox"/>		Inspect cabling and fittings for excessive wear/damage						
<input checked="" type="checkbox"/>		Check horn operation						
<input checked="" type="checkbox"/>		Check internal and external lighting is operational						
<input checked="" type="checkbox"/>		Lighting system all in working condition						
<input checked="" type="checkbox"/>		Windscreen in good condition (No crack or damage)						
<input checked="" type="checkbox"/>		Air conditioner working in good condition						
<input checked="" type="checkbox"/>		Frame locking pins						
<input checked="" type="checkbox"/>		Clean Cabin Interior						
<input checked="" type="checkbox"/>		Secure all drain plug						
<input checked="" type="checkbox"/>		Roof in good condition						
<input checked="" type="checkbox"/>		Electronics & electrical system in good condition						
<input checked="" type="checkbox"/>		Computers and monitor in working condition/secured						
<input checked="" type="checkbox"/>		Condition/Operation of rain cap						
<input checked="" type="checkbox"/>		Condition of exhaust wrap						
Controls:								
<input checked="" type="checkbox"/>		Function test emergency kill						
<input checked="" type="checkbox"/>		Function test engine shut-down						
<input checked="" type="checkbox"/>		Manual stripper control in working condition						
<input checked="" type="checkbox"/>		Manual BOP control in working condition						
<input checked="" type="checkbox"/>		Chain tension and traction in working condition						
<input checked="" type="checkbox"/>		Injector chains lube valve in working condition						
<input checked="" type="checkbox"/>		Injector Head in working conditon						
<input checked="" type="checkbox"/>		Levelwind override clutch and raise/lower condition						
<input checked="" type="checkbox"/>		Reel drive in working condition						
<input checked="" type="checkbox"/>		Reel brake in working condition						
Please state the equipment readiness								
Ready					Not Ready			
<i>Ready for next Job</i>								
Maintenance type done. (Please state if any spare used)								
Preventive Maintenance					Corrective Maintenance			
NAME <i>Zalani</i>		POSITION <i>A-E-O</i>		EXAMINER SIGNATURE <i>[Signature]</i>		VERIFIED BY <i>[Signature]</i>		
Doc.Ref.No.: CTS-FORM-16 Rev. No.: 01		CONTROLLED COPY						

Effective Date: 01/02/2022

(Rev.00,Dated:01/11/16-OBSOLETE)

DIMENSION BID

Equipment Maintenance Checklist 1			PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION
			<input checked="" type="checkbox"/>	DLD				
Equipment type : CTU Power Pack			Running Hours : 2235					
Location Mob/ Demob : LIMA			Date : 10/09/2024					
Equipment number : CTU 1CE 100V/110V/001								
Y	N	Checklist						
Appearance & Safety Equipment:								
<input checked="" type="checkbox"/>		Ensure unit appearance good and clean						
<input checked="" type="checkbox"/>		Verify that all earth/ground cables are in place , well connected						
<input checked="" type="checkbox"/>		Skid condition - visually check for any damage						
<input checked="" type="checkbox"/>		Fire extinguisher is present and certified						
Cooling System:								
<input checked="" type="checkbox"/>		Coolant level & condition						
<input checked="" type="checkbox"/>		Check visible leaks						
<input checked="" type="checkbox"/>		Radiator hose & clamp condition						
<input checked="" type="checkbox"/>		Perform visual and physical check on radiator fin						
Engine:								
<input checked="" type="checkbox"/>		Check engine oil level(SAE 15w-40) not be milty or too dark						
<input checked="" type="checkbox"/>		Check any general leaks on all filter ,hoses, and connectors.						
<input checked="" type="checkbox"/>		Check fan, hub, fanbelt condition/ tension						
<input checked="" type="checkbox"/>		Check Battery cable connectors (if applicable)						
<input checked="" type="checkbox"/>		Check condition of engine hoses						
<input checked="" type="checkbox"/>		Check for rusted part- repair/repaint if required						
<input checked="" type="checkbox"/>		Check the crankcase vent system for excessive blow by						
<input checked="" type="checkbox"/>		Check engine mounting condition - tight any loose bolt						
Water Cleaner:								
<input checked="" type="checkbox"/>		Check the element for water or soot and clean as required						
Controls / Instrumentation:								
<input checked="" type="checkbox"/>		Normal kill and emergency kill tested						
<input checked="" type="checkbox"/>		Check all controls condition						
<input checked="" type="checkbox"/>		Check all gauges are in good condition and working						
Exhaust System:								
<input checked="" type="checkbox"/>		Pipework - check for any leak or damage						
<input checked="" type="checkbox"/>		Condition/Operation of exhaust flapper						
<input checked="" type="checkbox"/>		Condition of exhaust wrap are in place and in good condition						
Gearbox:								
<input checked="" type="checkbox"/>		Check level Sight glass/dipstick shows in full (SAE 90)						
<input checked="" type="checkbox"/>		Check condition of the gearbox breather filter						
Hydraulic System:								
<input checked="" type="checkbox"/>		Check Hyd. Hoses/valve/connections undamage and clean						
<input checked="" type="checkbox"/>		Hyd.tank - drain any water						
<input checked="" type="checkbox"/>		Check hydraulic oil level (2" from top) (Tellus 46)						
<input checked="" type="checkbox"/>		Check hydraulic gauges						
<input checked="" type="checkbox"/>		Check condition of fittings & couplings						
Fuel System:								
<input checked="" type="checkbox"/>		Check for any water contamination in the fuel filter sight bowl						
<input checked="" type="checkbox"/>		Check fuel tank breather cap condition						
<input checked="" type="checkbox"/>		Check for leaks on fuel lines, connections, and hoses						
<input checked="" type="checkbox"/>		Fuel filter - check condition						
<input checked="" type="checkbox"/>		Fill up the diesel tank to 90%						
<input checked="" type="checkbox"/>		Drain 1 litre fuel from drain valve						
Please state the equipment readiness								
Ready				Not Ready				
- unit ready								
Maintenance type done. (Please state if any spare used)								
Preventive Maintenance				Corrective Maintenance				
NAME <i>John Selani</i>		POSITION G.E.O		EXAMINER SIGNATURE <i>John</i>			VERIFIED BY <i>John</i> Signature	
Doc.Ref.No.: FORM-15 Rev. No.: 01 Effective Date: 01/02/2022 (Rev.00, Dated:01/11/16-OBSOLETE)		CONTROLLED COPY						

DIMENSION BID

Equipment Maintenance Checklist 1			PRE JOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION
Equipment type : Nitrogen Converter			-	Out				
Location Mob/Demob : <i>During</i>								
Equipment number :								
Y N Checklist			Running Hours : <i>350</i> Date : <i>21/7/2024</i>					
Appearance & Safety Equipment:			Air System:					
<input checked="" type="checkbox"/> Ensure unit appearance good and clean <input checked="" type="checkbox"/> Verify that all earth/ground cables are in place , well connected <input checked="" type="checkbox"/> Skid condition - visually check for any damage <input checked="" type="checkbox"/> Fire extinguisher is present and certified			<input checked="" type="checkbox"/> Check any visible leaks <input checked="" type="checkbox"/> Gauges in good condition <input checked="" type="checkbox"/> Air reservoir /tanks - drain any water <input checked="" type="checkbox"/> Air hose,connections,piping,valves and actuators condition <input checked="" type="checkbox"/> All pneumatic control valve working properly					
Cooling System:			Air Cleaner:					
<input checked="" type="checkbox"/> Coolant level & condition at radiator <input checked="" type="checkbox"/> Check coolant level & condition at expansion tank <input checked="" type="checkbox"/> Check visible leaks <input checked="" type="checkbox"/> Radiator hose & clamp condition <input checked="" type="checkbox"/> Check fan belt tension & fan condition <input checked="" type="checkbox"/> Perform visual and physical check on radiator fin			<input checked="" type="checkbox"/> Check the element for water or soot and clean as required					
Engine:			Electronic Recording & Monitoring Devices:					
<input checked="" type="checkbox"/> Check engine oil level(SAE 15w-40) not be milky or too dark <input checked="" type="checkbox"/> Check any general leak on all filter, hoses, and connectors. <input checked="" type="checkbox"/> Check fan, hub, fanbelt condition/tension <input checked="" type="checkbox"/> Check condition of engine hoses <input checked="" type="checkbox"/> Check for rusted part- repair/repaint if required <input checked="" type="checkbox"/> Check the crankcase vent system for excessive blow by <input checked="" type="checkbox"/> Check engine mounting condition - tight any loose bolt			<input checked="" type="checkbox"/> Check all sensors condition <input checked="" type="checkbox"/> Check pump controls, rate and pressure devices. <input checked="" type="checkbox"/> Cables/connectors condition					
Controls / Instrumentation:			Zone II System:					
<input checked="" type="checkbox"/> Normal kill and emergency kill tested <input checked="" type="checkbox"/> Check all controls in good condition <input checked="" type="checkbox"/> Check all gauges are in good condition and working <input checked="" type="checkbox"/> Check (Rate+RPM) and (Pressure+OPS) condition <input checked="" type="checkbox"/> Check RPM, LN2 and GN2 discharge pressure <input checked="" type="checkbox"/> OPSD tested			<input checked="" type="checkbox"/> Flame traps - check cleanliness <input checked="" type="checkbox"/> Air intake valve (flapper) - check condition <input checked="" type="checkbox"/> Spark arrestor - check condition					
Exhaust System:			N2 Vaporizer & Heat Exchanger:					
<input checked="" type="checkbox"/> Pipework - check for any leak or damage <input checked="" type="checkbox"/> Condition/Operation of exhaust flapper <input checked="" type="checkbox"/> Condition of exhaust wrap are in place and in good condition			<input checked="" type="checkbox"/> Check for leaks or damages <input checked="" type="checkbox"/> Check piping for leaks or damages					
Hydraulic System:			Booster Pump:					
<input checked="" type="checkbox"/> Check Hyd. Hoses/valve/connections undamage and clean <input checked="" type="checkbox"/> Hyd.tank - drain any water <input checked="" type="checkbox"/> Check hydraulic oil level (2" from top) (Tellus 46) <input checked="" type="checkbox"/> Check hydraulic gauges <input checked="" type="checkbox"/> Check condition of fittings & couplings			<input checked="" type="checkbox"/> Check C-Pump operation and condition <input checked="" type="checkbox"/> Check hoses, connections and seals condition <input checked="" type="checkbox"/> Suction strainer - check for leaks <input checked="" type="checkbox"/> Proximity switch & cable in good condition <input checked="" type="checkbox"/> Grease the bearings					
Fuel System:			Cold End & Warm End:					
<input checked="" type="checkbox"/> Check for any water contamination in the fuel filter sight bowl <input checked="" type="checkbox"/> Check fuel tank breather cap condition <input checked="" type="checkbox"/> Check for leaks on fuel lines, connections, and hoses <input checked="" type="checkbox"/> Fuel filter - check condition <input checked="" type="checkbox"/> Fill up the diesel tank to 90% (If applicable) <input checked="" type="checkbox"/> Drain 1 litre fuel from drain valve			<input checked="" type="checkbox"/> Check for leaks or damages <input checked="" type="checkbox"/> Check operation - frost uniformly during cool down <input checked="" type="checkbox"/> Check lubrication level - when engine at idle					
Gearbox, PTO & Drivelines:			System Pressure:					
			<input checked="" type="checkbox"/> Sight glass shows in full (SAE 90) <input checked="" type="checkbox"/> Start & idle engine(5- Min) recheck oil level <input checked="" type="checkbox"/> Listen for excessive noise at PTO <input checked="" type="checkbox"/> Check hoses, connections and seals condition <input checked="" type="checkbox"/> Check all bearings and U-joint grease points					
Certifications:			<input checked="" type="checkbox"/> Fuel pressure@idle speed <i>80</i> psi <input checked="" type="checkbox"/> Fuel pressure@1800 RPM <i>80</i> psi <input checked="" type="checkbox"/> Oil pressure @ cold start <i>70</i> psi <input checked="" type="checkbox"/> Oil pressure @ 180deg F <i>85</i> psi					
			<input checked="" type="checkbox"/> Sling condition/ Due on <i>8/24</i> <input checked="" type="checkbox"/> MPI due <i>8/24</i> <input checked="" type="checkbox"/> Visual Test due <i>8/24</i>					
Please state the equipment readiness								
Ready					Not Ready			
<p><i>- Ready to go</i></p>								
Maintenance type done. (Please state if any spare used)								
Preventive Maintenance					Corrective Maintenance			
NAME			POSITION		EXAMINER SIGNATURE		VERIFIED BY	
<i>Zalani</i>			<i>G.E.O</i>		<i>ZL</i>		<i>ZL</i> <i>Syamini</i>	

DIMENSION BID

Equipment Maintenance Checklist 1

PREJOB	LOCATION	ON JOB	LOCATION	POST JOB	LOCATION
<i>✓</i>	<i>Direct D</i>				

Equipment type: CTU Batch Mixer

Location Mob/Orchid: Unlabeled

Equipment number : 20415M/03

Planting Hours : 10 a.m.

Date : 9/5/2024

Y	N	Checklist
Appearance and Safety Equipment:		
<input checked="" type="checkbox"/>		Ensure unit appearance good and clean
<input checked="" type="checkbox"/>		Verify that all earth/ground cables are in place , well connected
<input checked="" type="checkbox"/>		Skid condition - visually check for any damage
<input checked="" type="checkbox"/>		Fire extinguisher is present and certified
Cooling System:		
<input checked="" type="checkbox"/>		Coolant level & condition
<input checked="" type="checkbox"/>		Check visible leaks
<input checked="" type="checkbox"/>		Radiator hose & clamp condition
<input checked="" type="checkbox"/>		Perform visual and physical check on radiator fin
Engine Inspection:		
<input checked="" type="checkbox"/>		Check engine oil level(SAE 15w-40) not be milty or too dark
<input checked="" type="checkbox"/>		Check any general leaks on all filter ,hoses, and connectors.
<input checked="" type="checkbox"/>		Check fan, hub, fanbelt condition/ tension
<input checked="" type="checkbox"/>		Check Battery cable connectors (if applicable)
<input checked="" type="checkbox"/>		Check condition of engine hoses
<input checked="" type="checkbox"/>		Check for rusted part- repair/repaint if required
<input checked="" type="checkbox"/>		Check the crankcase vent system for excessive blow by
<input checked="" type="checkbox"/>		Check engine mounting condition - tight any loose bolt
Controls / Instrumentation:		
<input checked="" type="checkbox"/>		Normal kill tested
<input checked="" type="checkbox"/>		Emergency kill tested
<input checked="" type="checkbox"/>		Oil pressure gauge in good condition
<input checked="" type="checkbox"/>		Tachometer display in good condition
<input checked="" type="checkbox"/>		Throttle control in good condition
<input checked="" type="checkbox"/>		Engine stop cable/button in good condition
<input checked="" type="checkbox"/>		Engine start cable/button in good condition
Exhaust System:		
<input checked="" type="checkbox"/>		Pipework - check for any leak or damage
<input checked="" type="checkbox"/>		Condition/Operation of exhaust flapper
<input checked="" type="checkbox"/>		Condition of exhaust wrap are in place and in good condition
Transmission, Gearbox:		
<input checked="" type="checkbox"/>		Check level Sight glass/dipstick shows in full (SAE 90)
<input checked="" type="checkbox"/>		Check condition of the gearbox breather filter
Hydraulic System:		
<input checked="" type="checkbox"/>		Check Hyd. Hoses/valve/connections undamage and clean
<input checked="" type="checkbox"/>		Hyd.tank - drain any water
<input checked="" type="checkbox"/>		Check hydraulic oil level (2" from top) (Tellus 46)
<input checked="" type="checkbox"/>		Check hydraulic gauges
<input checked="" type="checkbox"/>		Check condition of fittings & couplings
Fuel System:		
<input checked="" type="checkbox"/>		Check for any water contamination in the fuel filter sight bowl
<input checked="" type="checkbox"/>		Check fuel tank breather cap condition
<input checked="" type="checkbox"/>		Check for leaks on fuel lines, connections, and hoses
<input checked="" type="checkbox"/>		Fuel filter - check condition
<input checked="" type="checkbox"/>		Fill up the diesel tank to 90% (if applicable)
<input checked="" type="checkbox"/>		Drain 1 litre fuel from drain valve

Please state the equipment readiness

Ready

Photo Courtesy

-unit Ready for next Job.

Maintenance type done. (Please state if any spare used)

Preventive Maintenance

Corrective Maintenance

NAME _____

POSITION

EXAMINER SIGNATURE

VERIFIED BY

Zalani
Doc. Ref. No.: CTS-FORM-13
Rev. No.: 01

G. E. O.

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J. L. "Speaker"