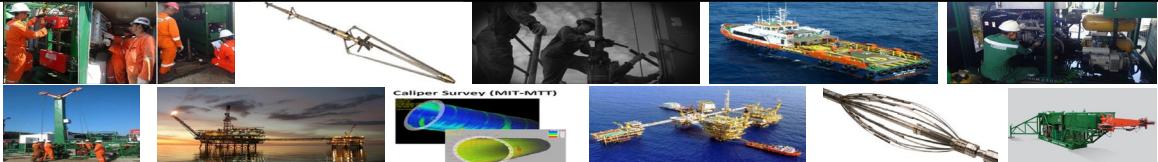


DIMENSION BID



SLICKLINE SERVICES DEVELOPMENT PLAN
TSO > SO PROMOTION BOOKLET

FULL NAME:	Ammirol Ahmad Mahmud
JOINED DATE:	03 March 2013
CONFIRMATION DATE:	
REGION:	East Malaysia
DIVISION:	Slickline Services
CONTROL DATE:	18 November 2024

DIMENSION BID



SLICKLINE SERVICES DEVELOPMENT PLAN TSO > SO PROMOTION BOOKLET

TSO Control Process

Congratulations for making it this far in your career with Dimension Bid. TSO is the next step in your career development with more challenging jobs. In addition to having technical expertise in all SLS services, a TSO is expected to have good knowledge and understanding in various aspects of the Company's business.

TSO 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 TSO Control within 5 - 8 years from joining Dimension Bid Sdn. Bhd, depending on your competency development progress. The TSO module is more technical and operations oriented combined with more exposure to lead the operations to a certain extent. By this stage a SA III is expected to have technical expertise on all SLS services and to have run most of SLS services.

The path for TSO to prepare for SO control will be:

1 Perform at least:

- i. 4ea SLS jobs as TSO – 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. Conduct 3ea In-house Trainings (1xPCE, 1xSurface Equipment, 1xTools)
- v. Submit 1ea UAUC/day while offshore
- vi. Obtained minimum Level 3 IWCF Certification

2 Complete the following paperwork:

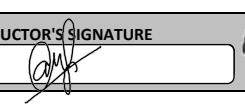
- i. SLS-FORM-146: SLS CMS Trainee Slickline Operator Promotion Booklet
- ii. SLS-FORM-149: SLS CMS Job Track Record
- iii. SLS-FORM-151: Slickline Operator Workbook
- iv. Slickline Operator Performance Assessment Feedback Form
- v. Complete TSO Training & Exam Module
- vi. HR-FORM-09 : Performance Appraisal & Development Plan

Note:

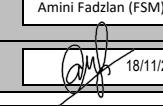
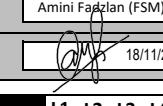
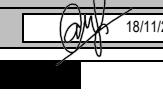
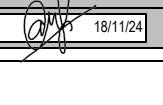
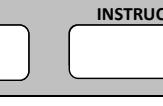
- 1 The HSSE presentation need not be self-developed. You can use presentation from supplier or any other sources.
- 2 When preparing for the presentation, please expect questions from your audience. The presentation needs to demonstrate your full understanding in HSSE & SQ
- 4 During the Technical presentation you are expected to demonstrate your knowledge and understanding in Surface Equipment, Slickline DHT, Slickline Job Type and Challenges & Lesson Learnt etc.
- 5 For the In-house training, you are expected to demonstrate your expertise in the subject matter. The training topic / module will be assigned to you based on SLS Training Plan for the year. The content need not be self-developed, you may use any available training materials on the subject matter. Training evidences such as form HR-FORM-12 Attendance Form and form HR-FORM-03 Course Evaluation Form are to be submitted to ND Training Coordinator via SLS Training Administrator, a copy of each is to be kept in your Promotion Booklet as evidence
- 6 Your presentation slides for both the Technical presentation and the In-house Trainings are to be submitted to ND Training Coordinator via SLS Training Administrator
- 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.

DIMENSION BID

TRAINEE SLICKLINE OPERATOR EVALUATION SHEET SLICKLINE SERVICES															
TRAINEE SLICKLINE OPERATOR DETAILS															
FULL NAME										SENIORITY DATE					
Ammirol Ahmad Mahmud															
REGION	DIVISION	UNIT/SECTION			LOCATION	CONFIRMATION DATE									
EMO	SLS				MIRI										
Please tick (✓) at the relevant box the Competency Level of the Trainee Slickline Operator (L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding)															
HSSE	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	18-Nov	QMS, ISO and API Q2 knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Risk Assessment and Hazard Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov	DB Quality Policy & Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Field Safety and PTW Familiarization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AMINI	18-Nov	DB Slickline Procedure and SOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Custodian Name and Position	Amini Fadzlan (FSM)					Custodian Signature/Date			 18-11-24						
SERVICE QUALITY															
SQ Fundamentals	L1	L2	L3	L4	L5	ASSESSED BY	DATE	Knowledge of Slickline Services	L1	L2	L3	L4	L5	ASSESSED BY	DATE
SQ Fundamentals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov	Knowledge of Slickline Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Post Job Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov	Tools and Equipment Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Custodian Name and Position	Amini Fadzlan (FSM)					Custodian Signature/Date			 18-11-24						
PERSONAL QUALITY															
Learning Initiative	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov	Field Operations Readiness Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Time Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov	Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Command/Instruction Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov	Communication Skills - Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Self Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AMINI	18-Nov	Communication Skills - Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Custodian Name and Position	Amini Fadzlan (FSM)					Custodian Signature/Date			 18-11-24						
MANAGEMENT/ADMINISTRATION															
Inventory Planning/Execution	L1	L2	L3	L4	L5	ASSESSED BY	DATE	Audit/Inspection Knowledge	L1	L2	L3	L4	L5	ASSESSED BY	DATE
Inventory Planning/Execution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov	Audit/Inspection Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Materials Planning/Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov	Slickline Job Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMINI	18-Nov
Custodian Name and Position	Amini Fadzlan (FSM)					Custodian Signature/Date			 18-11-24						
MANAGER'S COMMENTS															
Specify the candidate main strong points and development areas															
Ready for promotion. Already acted as independent SL Operator since Feb-24															
CANDIDATE'S COMMENTS															
Add comments about the support you have received from your tutor/location															
RECOMMENDED FOR NEXT POSITION ?															
YES	<input checked="" type="checkbox"/>	Remark : If NO, please submit e-mail to FSM and specify details here.													
NO	<input type="checkbox"/>														
CANDIDATE'S SIGNATURE				INSTRUCTOR'S SIGNATURE				MANAGER'S SIGNATURE				DATE			
															

DIMENSION BID

TRAINEE SLICKLINE OPERATOR TECHNICAL EVALUATION SHEET													
SLICKLINE SERVICES													
TRAINEE SLICKLINE OPERATOR DETAILS													
FULL NAME					SENIORITY DATE								
Ammirol Ahmad Mahmud													
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE									
EMO	SLS		MIRI										
TECHNICAL EVALUATION													
Please tick (✓) at the relevant box the Competency Level of the Trainee Slickline Operator (L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding)													
SLS SERVICES		L1	L2	L3	L4	L5	SL:	L1	L2	L3	L4	L5	
Routine Wireline Operations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-routine services activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pre Job Preparations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wireline DO's and DON'Ts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Wireline Surface Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Braided Line PCE Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wireline rig-up Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wire Limitation Allowable on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tool Trouble Shooting Skill		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job Preparation for Tubing Clearance	<input type="checkbox"/>	<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		 18/11/24					Custodian Signature/Date		 18/11/24				
SURFACE EQUIPMENT		L1	L2	L3	L4	L5	EQUIPMENT MAINTENANCE		L1	L2	L3	L4	L5
Rig Up & Rig Down		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PCE 5K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Basic Slickline Unit Maintenance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PCE 10K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Control Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RSU/Power pack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RSU/Wire/Auxiliary SE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Field Operations Planning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Air Compressor	<input type="checkbox"/>	<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		 18/11/24					Custodian Signature/Date		 18/11/24				
GENERAL		L1	L2	L3	L4	L5	OTHER SERVICES		L1	L2	L3	L4	L5
Well Exit Procedure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trouble Shooting Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedure to cut wire		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Client Standard and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SOP Tool String Reaches Stuffing Box		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inter-division Knowledge	<input type="checkbox"/>	<input checked="" 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		 18/11/24					Custodian Signature/Date		 18/11/24				
INSTRUCTOR'S COMMENTS													
Ready for promotion. Already acted as independent SL Operator since Feb-24													
CANDIDATE'S COMMENTS		Add comments about the support you have received from your tutor/location											
INSTRUCTOR Recommend Promotion to SO?		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N				DIVISION MANAGER Approve Promotion To SO ?				<input type="checkbox"/> Y <input type="checkbox"/> N			
CANDIDATE'S SIGNATURE						INSTRUCTOR'S SIGNATURE							
MANAGER'S SIGNATURE										DATE			

DIMENSION BID

TRAINEE SLICKLINE OPERATOR EVALUATION CHECKLIST SLICKLINE SERVICES				
TRAINEE SLICKLINE OPERATOR DETAILS				
FULL NAME		SENIORITY DATE		
Ammirol Ahmad Mahmud				
REGION	DIVISION	UNIT/SECTION	LOCATION	CONFIRMATION DATE
EMO	SLS		MIRI	
TSO CHECKLIST				
<p>Done prior to final submission to HR</p> <p>No TSO Package will be processed by the HR if any of the points are missing.</p>				
TASK & REPORTS				
<input checked="" type="checkbox"/> Completed Slickline Operator Workbook <input checked="" type="checkbox"/> Completed 4ea any job for SLS as TSO <input checked="" type="checkbox"/> 1 Technical Presentation <input checked="" type="checkbox"/> Completed TSO Training & Exam Module <input checked="" type="checkbox"/> 1ea x HSE SQ Presentation OR 1ea x HSE Contribution Activity <input checked="" type="checkbox"/> Certified with IWCF Level 4 <input checked="" type="checkbox"/> 1 UAUC/day <input type="checkbox"/> Completed Performance Appraisal & Development Plan	(Please attach SLS-FORM-151 : Slickline Operator Workbook) (Please attach SLS-FORM-149 : Job Track Record) (Please attach Technical Slide Presentation verified by FSM)			
PAPERWORK				
<input checked="" type="checkbox"/> TSO Evaluation Sheet <input checked="" type="checkbox"/> TSO Technical Evaluation Sheet <input checked="" type="checkbox"/> SLS-FORM-151 : Slickline Operator Workbook <input checked="" type="checkbox"/> Job Tracking Record (Verified by FSM) <input checked="" type="checkbox"/> Technical Slide Presentation (Verified by FSM) <input checked="" type="checkbox"/> HSE SQ Slide Presentation signed by Safety Officer <input checked="" type="checkbox"/> IWCF Level 4 Certificate <input checked="" type="checkbox"/> 1ea UAUC per day and signed by Safety Officer <input type="checkbox"/> HR-FORM-09 : Performance Appraisal & Development Plan				
VERIFICATION				
<p>I hereby verify that the above paperworks and documents above has been checked and confirmed true. I further certify that all information contained herein is true and accurate.</p> <p>I understand that any falsifying of any document above could result in disciplinary action and being denied access to Operators program in future.</p>				
PREPARED AND SUBMITTED BY				
<p>SIGNATURE</p> <p>NAME : _____</p> <p>POS : _____</p> <p>DATE : _____</p>				

DIMENSION BID

ENDORSEMENT

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

I deem this TSO Candidate READY to be promoted to SO.

VERIFIED BY



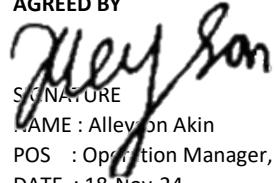
SIGNATURE

NAME : Amini Fadzlan Abu Zamir

POS : FSM

DATE : 18-Nov-2024

AGREED BY



SIGNATURE

NAME : Allevion Akin

POS : Operation Manager, SLS

DATE : 18-Nov-24

FOR HR USAGE

I hereby received this TSO breakout package for processing

I deem this TSO Candidate READY to be promoted to SO.

RECEIVED BY

SIGNATURE

NAME :

POS :

DATE :