

# DIMENSION BID

## SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

(PART 1: To be completed by Assessor)

Name	Malkyzidek Yehu Jerry	COB Date	24/10/2023
Position	Slickline assistant	RTB Date	14/11/2023
Client	Seah Hibiscus	Location	SFJT-B
Platform	SOUTH FURIOUS	Well	SF36
Assessed By	Name: Joe Samantha	Position:	Slickline operator

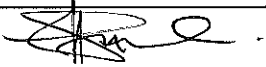
### RATING LEGEND:

<b>STRONG</b>	Performance consistently exceeded expectations in all essential areas of responsibility, and the quality of work overall was excellent
<b>ADEQUATE</b>	Performance consistently met expectations in all areas of responsibility, at times possibly exceeding expectations, and the quality of work overall was very good
<b>IMPROVEMENT NEEDED</b>	Performance did not consistently met expectations - performance failed to meet expectations in one or more essential areas of responsibility

Assessment Criteria	Rating (Please ✓ where appropriate)								
	STRONG			ADEQUATE			IMPROVEMENT NEEDED		
	10	9	8	7	6	5	4	3	2
<b><u>Safety Awareness (20%)</u></b>									
a. Usage of Personal Protective Equipment	✓								
b. Participation in ACT	✓								
c. Understanding of PTW System	✓								
d. Worksite House Keeping	✓								
<b><u>Work Performance (20%)</u></b>									
e. Initiative and Creativity	✓								
f. Decision Making Capability	✓								
g. Understanding of Job Scope	✓								
h. Tools Inventory and Reporting	✓								
i. Work Quality	✓								
j. Reporting		✓							
k. Punctuality and Time Keeping	✓								
l. Teamwork	✓								
m. Communication	✓								
n. Leadership Skills	✓								
o. Adaptability to Work Environment/Surrounding	✓								
p. Attitude	✓								
q. Discipline	✓								

### REMARKS/COMMENTS/FEEDBACK ON PERFORMANCE OR AREAS OF IMPROVEMENT:

\* Eligible for next position (Senior)

Assessed By [Operator]	
Name	Joe Samantha
Date	13-11-2023

Doc. Ref. No.: SLS-FORM-13

Revision No.: 03

Effective Date: 22/05/2023

(Rev.02,Dated:14/06/19-OBSOLETE)

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## SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

(PART 2: To be completed by Employee and Assessor)

Type of Task	Tasks Performed	Assessor Comment																									
1. Pre-Job Preparation	APPLY PTW, GET AGT APPROVER, GET APPROVE PTW ONSITE, DISCUSS ABOUT JHA, GET THE WELL HANDOVER FROM OPERATION, TOOLBOX TALK AMONG CREW. -) CHECK ALL HOSES WAS TIGHT AND SECURE -) ENSURE ALL TOOLS BEING PREPARED PRIOR TO JOB BEING PERFORM -) BARRICADE WORKSITE & WELLHEAD AREA BEFORE PERFORME RIGGING UP -) CHECK WELL CONDITION TO KNOW IF THERES POTENTIAL PASSING ON VALVE -) WALK THE LINE BEFORE START RIGGING UP AND IDENTIFY																										
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2. Surface Equipment Rig-up	PP -) CHECK RADIATOR WATER -) CHECK HYDRAULIC LEVEL CHECK -) TOP UP FUEL IF NEEDED -) CHECK ENGINE OIL LEVEL -) CHECK IF TEMP LEVEL IS WORKING -) CLEAN FLAME TRAP IF NEEDED -) PRESSURE GAUGE FOR PUMP IS WORKING WELL -) CHECK ALL CONNECTING & HOSES IF ANY LEAK																										
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3. Tools / Equipment Preparation																											
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4. Equipment Problem Troubleshooting <i>[Please state type of equipment and describe troubleshooting job performed]</i>																											
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5. Downhole Tools Servicing/Redressing/Maintenance	1) Redress hydraulic jar with new kit 2) service EAJ 3)																										
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Type of Task	Tasks Performed	Assessor Comment																												
6. Tools Inventory & Reporting	1)Completed Inventory seah 3 DHT package 2)																													
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7. Equipment Operation	[Operator to rate TSA / SA / SSA competency in operating the equipment]																													
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	Power Pack	/																												
	Air Compressor																													
	GenSet																													
	Control Panel	/																												
	Test Pump	/																												
	Pressure Control Equipment	/																												
	Mast	/																												
	Weight & Measuring Devices	/																												
	Downhole Tools	/																												
	Total	0	0	0	0	0	0	0	0	0																				
	Comments by Operator <i>[please specify competency gaps / area of improvement]</i>																													
EXECUTE THE WELL SERVICES OPERATION (IF ANY) (Operating Winch)																														
Date / Location / Well No. / Job Type	Activity Summary	Toolstring Configuration																												
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