



Competency Assessment Form

Section: 2-1.0 A.Op

Employee Name: _____

Competency: Unit 1 - Support Snubbing Operator

Assessment Date: _____

Prerequisite Policies	Ver.	Prerequisite Procedures	Ver.
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Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Outcome 1.1 Communicate and Interpret Work Instructions			
Performance Criteria			
a) Instructions are received and any uncertainties are resolved prior to action. (Does the candidate accurately follow instructions? (Operator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
b) Verbal comm. uses industry accepted terminology.(How do you go about understanding a technical term you do not know?Candidate; Does the candidate use proper terminology in comm.(Operator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
c)Communications methods are correct for the situation and are verified as communicating clearly with the operator.(Does the candidate use accepted methods to communicate with you? (Operator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Range Statements			
1. Instructions: Written; Oral; Visual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. Communications methods: Hand signals; Radio; Accepted protocols.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Essential Knowledge			
1. Be able to identify components found in your job using industry accepted terminology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. Relevant aspects of Industry Recommended Practice (IRP) Volume 15 – Snubbing Operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Outcome 1.2 Use Safe Practices During Operations			
Performance Criteria			



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Employee Name: _____

Competency: Unit 1 - Support Snubbing Operator

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
a) Participation in pre-job meeting conforms to company and industry standards. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Safety responsibilities are fulfilled as per company and industry-standard expectations. (Does the candidate support your actions to enhance work safety? (Operator) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Work is performed to eliminate or control hazard (What action do you take if you are concerned about a work hazard? Candidate; Does the candidate consistently work in a safe manner? (Operator) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Participation: Listen; Ask questions for clarification; Be clear on personal responsibilities. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety responsibilities: Following job plan; Conducting hazard assessment; Following emergency response plan. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Personal responsibilities and conduct at a safety meeting. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Standard operating procedures for all phases of work. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hazards unique to particular pieces of equipment and job operations. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature



Competency Assessment Form

Section: 2-2.0 A.Op

Employee Name: _____

Competency: Unit 2 - Support Pre-Job Operations

Assessment Date: _____

Prerequisite Policies	Ver.	Prerequisite Procedures	Ver.
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Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Outcome 2.1 Understand Operational Requirements			
Performance Criteria			
a) Operational instructions are obtained and your work to be carried out is organized appropriately. (Can you rely on the candidate to get the job done according to your instr.? (Operator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
b) Difficulties in carrying out the instructions are clarified with the relevant personnel. (Does the candidate always verify his understanding of the work he has to do? (Operator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Range Statements			
1. Operational instructions: From Supervisor or Operator; Job sheet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. Instructions are clarified: Ask pertinent questions; Identify job procedure; Recognize job variance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Essential Knowledge			
1. Requirement to understand operational instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. Chain of command for clarification of responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Outcome 2.2 Support Preparation and Loading of Equipment			
Performance Criteria			
a) Equipment is organized for the work to be performed and conforms to operational requirements and instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			



Competency Assessment Form

Section: 2-2.0 A.Op

Employee Name: _____

Competency: Unit 2 - Support Pre-Job Operations

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
b) Required equipment is confirmed functional, fit for the work to be performed and the environment in which it will be used Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Equipment is loaded and secured according to statutory, industry and company requirements. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Operational requirements: as per job function; anticipated well conditions. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment is confirmed functional: Clean; Operationally sound; Equipment and units are job prepared. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment is loaded and secured: Doors secured; Equipment secured; Perform walk-around Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Company policy and procedures and industry standards for equipment loading and securing. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature



Competency Assessment Form

Section: 2-3.0 A.Op

Employee Name: _____

Competency: Unit 3 - Support Job Operations

Assessment Date: _____

Prerequisite Policies	Ver.	Prerequisite Procedures	Ver.
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Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Outcome 3.1 Support On-Site Preparation			
Performance Criteria			
a) Lease conditions are observed prior to site access. (Does the candidate actively support you in assessing lease conditions? (Operator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
b) Concerns with respect to site and equipment are comm. to immediate sup.(Can you rely on the candidate to identify site or equipment concerns? (Operator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
c) Job assignments are confirmed with immediate supervisor. (Does the candidate carry out job responsibilities without having to be watched carefully? (Operator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
d) Communications with onsite personnel conform to company policy. (When do you take responsibility to communicate with on-site personnel? (Candidate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Range Statements			
1. Lease conditions: Well identification; Signs; Wind direction; Mud/soft spots; Onsite equipment; Other vehicle access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Essential Knowledge			
1. Typical site hazards that may exist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. Interpreting equipment positioning instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
3. Requirement for communicating with personnel on site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Outcome 3.2 Support Rig Up Operations			
Performance Criteria			



Competency Assessment Form

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Employee Name: _____

Competency: Unit 3 - Support Job Operations

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
a) All equipment is handled using safe lifting and handling techniques as per company and regulatory req. (Are you confident in the support the candidate provides during rig-up? (Operator) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Required equipment is confirmed functional, fit for the work to be performed and the environment in which it will be used Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. required equipment: Mechanical holdback devices; BOP equipment; Equalizing loop; Bleed-off line; Secondary well control; Stripping rams; Tongs. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Effective assembly practices. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Visual inspection requirements and practices. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Requirement to discuss rig up procedure with support personnel. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 3.3 Support the Service Operation			
Performance Criteria			
a) Assignments from operator are carried out as per instructions. (How reliable is the candidate in supporting you during the service operation? (Operator) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hazardous conditions are identified and reported. (Describe some hazards you need to be aware of? Candidate; Can you rely on the candidate to identify and report hazards? (Operator) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Statutory, industry and company requirements for safe snubbing operation. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Competency Assessment Form

Section: 2-3.0 A.Op

Employee Name: _____

Competency: Unit 3 - Support Job Operations

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Outcome 3.4 Support Rig Down Operations			
Performance Criteria			
a) Disassembly of required equipment is carried out in an acceptable manner using tools appropriate for the work. (Do you get well supported by the candidate during rig down? (Operator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
b) Post-job equipment and tool inspection are carried out according to company requirements(Are you confident that the candidate will do equipment and tool inspections accurately? (Operator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Range Statements			
1. tool inspection: Inventory taken; Company policies and procedures followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Essential Knowledge			
1. Equipment rig-out procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. Preparation requirements for travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

Assessed Worker Signature

Assessor Signature



Competency Assessment Form

Section: 2-4.0 A.Op

Employee Name: _____

Competency: Unit 4 - Additional Specifics

Assessment Date: _____

Prerequisite Policies	Ver.	Prerequisite Procedures	Ver.
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Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Outcome 4.1			
Performance Criteria			
Ability to clean and organize tools - Doesn't loose tools Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent in power tong operation and maintenance Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent in calkwalk and drift management Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to change out slip dies with supervision Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent in daily equip maintenance - ie fluids/belts w/o supervision Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature