



Competency Assessment Form

Section: 3-1.0.Op1

Employee Name: _____

Competency: Unit 1 - Support Crew Training

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 Perform Coaching			
Performance Criteria			
a) Crew members are informed about work activities at an appropriate level of detail and with an appropriate degree of urgency. (Does the candidate always give you clear directions? (Crew) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Advice and help about work activities is offered and questioning, requests for clarification and comments are encouraged. (How does the candidate help you improve your knowledge and skill? (Crew) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Conflicts and differences of opinion are resolved in ways which minimize offence, and maintains respect. (Does the candidate manage team conflict well? (Supervisor) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Good practices in coaching. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature



Competency Assessment Form

Section: 3-2.0.Op1

Employee Name: _____

Competency: Unit 2 - Manage Travel and Logistics

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 Verify Travel Plans and Logistics			
Performance Criteria			
a) Travel plan is confirmed and communicated by established chain of command. (Does the candidate consistently hold a pre-trip meeting with you? (Crew)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Range Statements			
1. Travel plan: Directions; Stop-over locations; Convoy requirements; En-route com.; Controlled road radio freq; Permits; Road bans; Hotels/Camps; All discussed in pre-trip driving safety meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Essential Knowledge			
Outcome 2.2 Navigate and Manage the Travel En-Route			
1. Who needs to be informed of travel plans prior to journey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Performance Criteria			
a) Travel to job site is conducted according to stat/company req. (Do the unit/crew consistently arrive on time at the job site? Supervisor Is there any history of scale violations? (Supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
b) Operation of vehicle is adjusted to off- highway road types and conditions. (Does the candidate have a good driving record? Supervisor Does the candidate take good care of equipment? (Supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
c) Two-way radio communications practices are followed. (What are the company regulations with respect to maintaining communication as you travel? (Candidate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Range Statements			
1. Statutory requirements: Transport Canada; Provincial Transportation; Road bans; Truck routes; Private roads; Government weigh scales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			



Competency Assessment Form

Section: 3-2.0.Op1

Employee Name: _____

Competency: Unit 2 - Manage Travel and Logistics

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
2. Road types and conditions: Narrowness; Sharp corners; Gravel; Steep grades; Poor shoulders; Few signs; Weather conditions; Wildlife; Puddles; Bumps. Comments: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Map reading skills. Comments: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Mandated two-way radio communication practices for safety Comments: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature

SNUBBING LTD



Competency Assessment Form

Section: 3-3.0.Op1

Employee Name: _____

Competency: Unit 3 - Apply Well-Bore Hydraulics

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 Identify Well-Bore Parameters and Perform Calculations			
Performance Criteria			
a) Wellbore parameters are identified and evaluated in accordance with operational requirements. (Does the candidate consistently identify wellbore parameters accurately? (Supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
b) Required calculations are accurately performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
c) Operational complications are recognized and appropriate solutions are identified. (How does the candidate handle operational complications? (Supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Range Statements			
1. Wellbore parameters: Pressure; Temperature; Depth; Deviation; Fluid type/weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
b) Operation of vehicle is adjusted to off- highway road types and conditions. (Does the candidate have a good driving record? Supervisor Does the candidate take good care of equipment? (Supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
3. Operational complications: Hydrates; Blockages in string and trapped pressure; Pressure on casing; Collapsed tubing; Hole in tubing/parted tubing; Explosive mixtures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Essential Knowledge			
1. Implications of well parameters on job operation (pressure, temperature, depth, deviation, fluid type).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. How to perform identified calculations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			



Competency Assessment Form

Section: 3-3.0.Op1

Employee Name: _____

Competency: Unit 3 - Apply Well-Bore Hydraulics

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
3. How to recognize operational complications when they arise and finding solutions to overcome them. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The information that must be logged and who has to be notified. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature

GOLIATH
SNUBBING LTD



Competency Assessment Form

Section: 3-4.0.Op1

Employee Name: _____

Competency: **Unit 4 - Conform to Industry Recommended Practice**

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 Apply IRP 15 to Equipment, Operations and Personnel			
Performance Criteria			
a) Equipment Certifications as required by current IRP 15 are confirmed current and on site. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Operations are conducted according to current IRP 15 requirements. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Personnel requirements as identified in current IRP 15 are adhered to. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Personnel requirements: crew composition; maximum work hours; 12 vs. 24 hour operations. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Correct interpretation of current IRP 15 Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature



Competency Assessment Form

Section: 3-5.0.Op1

Employee Name: _____

Competency: Unit 5 - Perform 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 5.1 Identify Operational Requirements			
Performance Criteria			
a) Operational instructions are obtained and the work to be carried out is organized appropriately. (If the job requires extra equipment, how would you organize to get it?) (Candidate)	<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 promptly involve you if he has questions about job requirements? (Supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
c) Availability and status of necessary permits is confirmed within statutory and organizational requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Range Statements			
1. Operational instructions: From dispatch; Job sheet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. Organized appropriately: Crew informed; Duties assigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
3. Instructions are clarified: Ask pertinent questions; Identify job procedure; Recognize job variance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
4. Necessary permits: Interprovincial; Log book; Customer access permits; Documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Essential Knowledge			
1. Requirements for operational instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			



Competency Assessment Form

Section: 3-5.0.Op1

Employee Name: _____

Competency: Unit 5 - Perform Pre-Job Operations

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
2. Required permits. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Consumables properties and availability. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 5.2 Prepare, Organize and Load Equipment			
Performance Criteria			
a) Equipment and crew are organized for the work to be performed and conforms to operational requirements and instructions. 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"/>
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: Equipment; Well conditions. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment is confirmed functional: Clean; Operationally sound; Vehicle maintenance; Equipment and units are job prepared. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Loaded and secured: Doors secured; Flags; Lights; Chains; Boomers; Strapped. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Equipment testing procedures. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Competency Assessment Form

Section: 3-5.0.Op1

Employee Name: _____

Competency: Unit 5 - Perform Pre-Job Operations

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
2. Required standards for equipment loading. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 5.3 Conduct On-Site Preparation			
Performance Criteria			
a) Lease conditions are observed prior to site access. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Concerns with respect to well site and equipment set-up are communicated to wellsite supervisor. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Job assignments are communicated to crew. (Do you always get a clear picture of your job responsibilities from the candidate? (Crew) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Participation in safety and operations safety meeting is according to industry requirements. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Lease conditions: Well identification; Signs; Wind direction; Mud/soft spots; Onsite equipment; Other vehicle access. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Participation in safety meeting: Confirming job responsibilities/safety responsibilities; Identifying job hazards and individual resp. should they occur; Completion of PSAC Safety Meeting Report. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. What constitutes a site hazard Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Regulatory and industry requirements for safety meetings. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 5.4 Conduct Rig Up Operations			



Competency Assessment Form

Section: 3-5.0.Op1

Employee Name: _____

Competency: Unit 5 - Perform Pre-Job Operations

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Performance Criteria			
a) All equipment is handled using safe lifting and handling techniques as per company policy. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Assembly of equipment is carried out in an acceptable manner using tools appropriate for the work. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Industry mandated pressure testing is conducted. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Assembly of 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. Regulatory, Industry and company assembly practices. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Company and industry pressure testing requirements. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Safe rigging practices. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature



Competency Assessment Form

Section: 3-6.0.Op1

Employee Name: _____

Competency: Unit 6 - Perform Post 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 6.1 Conduct Rig Out Operations			
Performance Criteria			
a) Rig out procedures and responsibilities are communicated to relevant personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
b) Disassembly of required equipment is carried out according to company standards using tools appropriate for the work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Essential Knowledge			
1. Requirement to ensure all personnel understand their responsibilities in the operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. Operational sequence for equipment disassembly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Outcome 6.2 Identify and Perform Post Job Maintenance			
Performance Criteria			
a) Post-job equipment inspection and inventory is carried out according to company requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Essential Knowledge			
1. Company procedures for equipment inspection and inventory recording.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Outcome 6.3 Complete Administrative Requirements			
Performance Criteria			
a) Reporting to well site sup. is completed and necessary signatures are obtained (Does the candidate work effectively with the well site supervisor to get all reports completed and signed? (Supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			



Competency Assessment Form

Section: 3-6.0.Op1

Employee Name: _____

Competency: Unit 6 - Perform Post Job Operations

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Essential Knowledge			
1. Company requirements for obtaining sign-off by wellsite Supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <input style="width: 100%;" type="text"/>			

Assessed Worker Signature

Assessor Signature

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Competency Assessment Form

Section: 4-7.0.Op 2

Employee Name: _____

Competency: Unit 7 - Perform Staging Jobs

Assessment Date: _____

Prerequisite Policies	Ver.	Prerequisite Procedures	Ver.
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Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Outcome 7.1 Pre-Plan Job and Set-Up Stack			
Performance Criteria			
a) Staging procedural steps are reviewed and clarified with supervisors on location. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONT: (Did the candidate discuss the steps required in staging with Supervisor and rig operator? And if so, when? (Supervisor) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Procedures for communication between Snubbing Operator and Rig Operator are confirmed. (What signals did you and the candidate use to ensure safe pipe movement?(Supervisor) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Locate position of tubing coupling between the stripping rams and/or the annular. (What method do you use to ensure proper position of tubing coupling prior to closing rams? (Candidate) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Review tally sheet to locate short/long joints. (Where are the short joints and verify against tally? (Candidate) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Supervisors: Rig manager; Driller; Well testers; Wellsite supervisors; Snubbing supervisor/operator. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedures for communication: Radio; Hand signals; Verbal. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Locate position: Mark drill line; Count strokes when jacking. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			



Competency Assessment Form

Section: 4-7.0.Op 2

Employee Name: _____

Competency: Unit 7 - Perform Staging Jobs

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
1. Particular risks when staging and Company response to contingencies. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Company Emergency Response and Evacuation Plan. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The requirement to discuss job program with relevant personnel. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Understanding of the Ram indicator system. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 7.2 Staging Couplings Into The Hole			
Performance Criteria			
a) Couplings are staged into the hole according to standard operating procedure for the method of staging. (Describe staging procedures. (Candidate) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Well control is maintained during staging operations. (Was the well controlled effectively? (Supervisor) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Method of staging: Ram to ram staging; Ram to annular staging. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Well control is maintained: Maintain safe trip speed; Monitor BOP system(s) pressure; Monitor for BOP component wear. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Know when to stage what size of tubulars. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Competency Assessment Form

Section: 4-7.0.Op 2

Employee Name: _____

Competency: Unit 7 - Perform Staging Jobs

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
2. Recognize criticality of correct sequencing of continuous steps and the consequences of not following sequence. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 7.3 Stage Couplings Out of the Hole			
Performance Criteria			
a) Couplings are staged out of the hole according to standard operating procedure for the method of staging. (Describe the SOP for staging couplings. (Candidate) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Well control is maintained during staging operations. (Has there been a gas leak during the operation? (Supervisor) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Method of staging: Ram to ram staging; Ram to annular staging. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Well control: Maintain safe trip speed; Monitor BOP system(s) pressure; Monitor for BOP component wear. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Know when to stage different sizes of couplings and tool joints. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Recognize criticality of correct sequencing of continuous steps and the consequences of not following the sequence. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Critical requirement to locate the coupling after it passes the lower stripping BOP before it comes in contact with the upper stripping BOP Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 7.4 Maintain Equipment During Operations			
Performance Criteria			



Competency Assessment Form

Section: 4-7.0.Op 2

Employee Name: _____

Competency: Unit 7 - Perform Staging Jobs

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
a) Condition of sealing components of the stripping BOP's is closely monitored.(When was the annular BOP last changed? (Candidate) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Job impact on the working components of the stripping BOP's is closely monitored. (When was the last BOP service? (Candidate) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Sealing ability of equalizing and bleed-off valves is closely monitored. (How often and when are the valves greased? (Candidate) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Condition of sealing components: Stripping ram front wear; Annular element wear. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Job impact: Excessive opening/closing at higher working pressures; Influence of well effluents; Failure of inner working seals and shafts. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Working components: Inner working seals; Shafts; Hydraulic systems. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Recognition of excessive wear on ram fronts and annular elements. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Requirement for inspection of BOP's when changing out sealing equipment or performing other routine maintenance. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Recognize the signs of a possible annular inner seal failure. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ensure proper lubrication of the equalizing and bleed-off valves. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Competency Assessment Form

Section: 4-7.0.Op 2

Employee Name: _____

Competency: Unit 7 - Perform Staging Jobs

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
5. Ensure proper well control while servicing BOPs. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Requirements for servicing and maintenance of BOPs and, equalizing and bleed off valves as per company manufacturer specification. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature

SNUBBING LTD



Competency Assessment Form

Section: 3-8.0.Op1

Employee Name: _____

Competency: Unit 8 - 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 8.1 - Additional Specifics			
Performance Criteria			
Competently jack heavy pipe <10mpa Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active with crew training Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic understanding of wellbore parameters - ie. snubforce, transition, tubing stress limits etc. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing PSAC safety meetings Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing PSAC safety meetings Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating pump supervised Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate crane supervised (if apprenticeship is valid) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform inspections of equipment supervised Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic understanding of accumulators and function testing Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to change out slip dies unsupervised Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Competency Assessment Form

Section: 3-8.0.Op1

Employee Name: _____

Competency: Unit 8 - Additional Specifics

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Delegates Crew Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRP 15 knowledge Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands ERP procedures Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature

SNUBBING LTD