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| --- | --- | --- | --- | --- | --- |
| **Criteria** | Excellent | Very Good | Good | Fair | Poor |
| **Rating** | 5 | 4 | 3 | 2 | 1 |

Vessel/Location name:

|  |  |  |
| --- | --- | --- |
| **Sl No** | **Attribute** | **Rating** |
|  | Rate our IMS management system and its adequacy with respect to the scope of work ? |  |
|  | Rate the quality and quantity of PPE delivered ? |  |
|  | Rate the supports and adequate instructions to perform your job responsibility? |  |
|  | Rate the response to your online request and delivery time? |  |
|  | Satisfaction rate with the best and least performance monitoring system? |  |
|  | Rate your satisfaction with the welfare arrangement (Entertainment, Accommodation, Sanitation, pest control and General cleanliness provisions onboard or work locations) |  |
|  | How will you rate your interaction with DPA (Crew) /QHSE (Shore) in terms of office support? |  |
|  | Rate the training arrangement and its suitability with respect to your operation? |  |
|  | Rate the response to your suggestions/ UA and UC reporting? |  |
|  | Rate your overall satisfaction as an employee? |  |
| **Have you encountered any bad experience from our office? If Yes, please specify** | | |
|  | | |
| Comments *(Give your comments for your score 2 and 1 and other if any)* | | |
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**Prepared by**

|  |  |  |
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| Name: | Designation : | Signature& Date : |

**Reviewed by (Name, Signature and Date) (For Office Use)**

|  |  |  |
| --- | --- | --- |
| Operations |  | **Over all Percentage:** |
| Technical |  | Consulted (DPA/QHSE) in case of significant comment |
| DPA |  |  |
| QHSE |  |
| HR |  |