

Form OPS- 015/ Rev.03/ 27-07-2018

CREW EVALUATION REPORT

Vessel : BULK N Seafarer's Name : SANTUS Rank : A/B Reason for the Report:	: A/B Report: ☐ Midway thou		Date of Report (dd/mm/yy) : 31 / 03 / 2024 Reporting Period From : 30 / 06 / 2023 To : 31 / 03 / 2024 th contract Cer leaving vessel Special request		
	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Identify Training Needs
1 Ability/Knowledge of Job 2 Safety Consciousness 3 Dependability&Integrity 4 Initiative 5 Conduct 6 Ability to get on with others 7 Appearance (+ uniforms) 8 Sobriety 9 English Language 10 Leadership (Officers)				0000000000	
General Comments highlighting strengths / weaknesses: Master :					
	And the Chine on the Company of the Control	a har manner hann han somet the distant stand			ne following conditions are met
Acknowledge Seafarer's signature : SANTUSO					
Reporting Officer Full Name: Tri Wide Rank: Chief Off		Full Na	/ Ch Off me:		Received by CM: EVQ M. Date of Receipt 05 107 1 202

AKARTA Distribution : Original - Office / Copy - Ship File