

CREW EVALUATION REPORT

	Seafarer's Name: ADI KUSMANA			Date of Report (dd/mm/yy) : 28 / 05 / 2024 Reporting Period From : 30 / 06 / 2023 To : 28 / 05 / 2024		
Reason for the Report:		-			☑ Seafarer signing off 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)						
D OCC	iting streng				***************************************	
Re-employ Yes Promote Yes	□ No		☐ Yes, Pı	ovided th	ne following conditions are met	
Acknowledge Seafarer's signature : ADI KUSMANA						
Reporting Officer Full Name: Sugiarto Rank: C/E Rank Master / Ch Off Full Name: Date of Receipt 28 / 5 / 2024 Rank Amas E Master / Ch Off Received by CM: E Master / Ch Off Full Name: Date of Receipt 28 / 5 / 2024						
Form OPS- 015/ Rev.03/ 27-07-2018	TOR	ARTA	4	Di	stribution: Original - Office / Copy - Ship File	