**MASTER - APPRAISAL**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | Ship: |  | | | | |
| Date Joined Vessel: | |  | Review Period From: | |  | | To: |  |
| Service With TCC: | |  | Service In Present Rank: | | |  | | |

**Section 1 - Master**

This section of the review is to be completed by the Master (**self-appraisal**) when he leaves the ship.

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| Section 1 Personnel Management | Comments |
| Achieves optimum output from other personnel. |  |
| Delegates appropriate duties and responsibilities. |  |
| Encourages subordinates to be proactive in pursuing improved ways of working whilst ensuring compliance with regulations. |  |
| Willingness to pass on skills and knowledge to others. |  |
| Demonstrates and develops teamwork/morale onboard within the total ships complement. |  |
| Ability to deal with conflict/disciplinary actions effectively. |  |
| Conducts performance appraisals in an objective and competent manner. |  |
| General relations with Office staff. |  |
| General communication skills (with office and customers). |  |
| What training do you consider necessary for future your development. |  |

**Section 1 - Master**

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| Master’s general comments: |

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|  | |
| Signature of Master | |
| Print Name: |  |
| Date: |  |

**Section 2 – MSD and SMD**

The section of this review is jointly completed by the D/GM (MSD) and D/GM (SMD) or Fleet Manager.

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| Personal Skills And Behaviors | Comments |
| Displays a high standard of personal conduct, discipline and leadership abilities. |  |
| Initiative, willingness to introduce new ideas. |  |
| Accepts responsibility and being held accountable for actions. |  |
| Flexibility, adaptability and willingness to change. |  |
| Welcomes feedback as another perspective from which to learn. |  |
| Improves own performance by looking for and adopting better ways of working. |  |
| Overall Technical Ability. |  |

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| Safety/Environment/Asset Management | | | | | |  | | | | |
| Take a pro-active approach in promoting company safety culture, risk management, use of tool box talk, take five. | | | | | |  | | | | |
| Is pro-active in incident reporting, investigation and recommendations. | | | | | |  | | | | |
| Understands and implements Company Policy. | | | | | |  | | | | |
| Port Sate Control Inspection results. | | | | | |  | | | | |
| Vetting Inspection Results. | | | | | |  | | | | |
| Technical Inspection Results. | | | | | |  | | | | |
| Strives diligently to conform to MARPOL & accomplish Environmental preservation objectives. | | | | | |  | | | | |
| Shipboard Administration – Account and Budget. | | | | | |  | | | | |
| Understands and demonstrates the importance of safe, effective, and cost effective operations. | | | | | |  | | | | |
| Willingness and ability to make tough decisions when needed, even if unpopular. | | | | | |  | | | | |
| Effective member of the onboard management team. | | | | | |  | | | | |
| What training does the assessor consider necessary. | | | | | |  | | | | |
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|  | | Unsatisfactory |  | Needs Improvement |  | Fully Satisfactory | |  | Above Average |  |

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|  | |  |  | |
| Signature of D/GM (MSD) | |  | Signature of D/GM (SMD)/Fleet Manager | |
| Print Name: |  |  | Print Name: |  |
| Date: |  |  | Date: |  |

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|  | | **Section 3 – Commercial and Operation** | | | | | | | | |
| Commercial Management | | | | | | | Comments | | | | |
| Works effectively with Customer representatives and suppliers. | | | | | | |  | | | | |
| Optimizes efficiencies and timely turnaround of the vessel. | | | | | | |  | | | | |
| Execution of Voyages, commercial awareness. | | | | | | |  | | | | |
| Support for Commercial objectives of the Company. | | | | | | |  | | | | |
| Communication and compliance with charter Party at all times protecting the vessel, cargo, environment and owner’s interest. | | | | | | |  | | | | |
|  |  | |  |  |  | |  |  |  |  |
|  | Unsatisfactory | |  | Needs Improvement |  | | Fully Satisfactory |  | Above Average |  |

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|  | |  |  | |
| Signature of Commercial & Operation Department | |  | Signature of Master | |
|  | |  |  | |
| Print Name: |  |  | Print Name: |  |
| Date: |  |  | Date: |  |

## Section 4 – General Manager

After reviewed the comments and appraisals given in Section 1 to 3, the General Manager is to provide the overall assessment in this section.

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| GM Comments: |
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## Overall Rating

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|  | Unsatisfactory |  | Needs Improvement |  | Fully Satisfactory |  | Above Average |  | Exceptional |  |

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|  | |
| Signature of General Manager | |
| Print Name: |  |
| Date: |  |

**Approvers Digital Signature:**

|  |  |  |
| --- | --- | --- |
| SL | Approver Name | Signature |
| 1 | Name :Office User Designation : General Manager |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |