**CHIEF ENGINEER APPRAISAL REPORT**

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| --- | --- | --- | --- | --- |
| Name: |  |  | Rank: |  |
| Vessel: |  |  | Date Joined: |  |
| Service with Company: |  |  | Service in Present Rank: |  |

**SECTION I**

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| **These particular strengths have been demonstrated or significant contributions have been made:** |
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| **To be more effective in the future, I would suggest that efforts are made to:** |
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*Reviewer should try to give three examples of a positive nature and similar number of examples where strengths are not so evident.*

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| **Values** | | **Needs Significant Improvement** | **Occasionally fails to meet standard** | **Meets the standard** | **Occasionally exceeds standard** | **Consistently exceeds standard** |
| 1 | Leadership |  |  |  |  |  |
| 2 | Operational Efficiency |  |  |  |  |  |
| 3 | Communication |  |  |  |  |  |
| 4 | Cost Effectiveness |  |  |  |  |  |
| 5 | Resourcefulness |  |  |  |  |  |
| 6 | Integrity |  |  |  |  |  |
| 7 | Interaction |  |  |  |  |  |

**SECTION II**

|  |  |  |  |  |  |  |
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| **Performance & Management** | | **Needs Significant Improvement** | **Occasionally fails to meet standard** | **Meets the standard** | **Occasionally exceeds standard** | **Consistently exceeds standard** |
| 1 | Professional Skills & Operational Management |  |  |  |  |  |
| 2 | Personnel Management & Team Development |  |  |  |  |  |
| 3 | Budget & Inventory Management |  |  |  |  |  |
| 4 | Management of Projects and longer term Activities |  |  |  |  |  |
| 5 | Safety Awareness |  |  |  |  |  |
| 6 | Management of Risk |  |  |  |  |  |
| 7 | Administration and Delegation |  |  |  |  |  |
| 8 | Crisis Management |  |  |  |  |  |

**SECTION III**

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| **Reviewer’s Comments** |
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| **Reviewee’s Comments** |
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| **ACKNOWLEDGEMENT** |  |

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| --- | --- | --- | --- |
| Master-Reviewer:  (Name and Signature) |  | Date: |  |
| Chief Engineer Reviewee:  (Name and Signature) |  | Date: |  |

**SECTION IV**

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| **Marine Safety Division (MSD) Comments** |
| Training and Development Requirements |
|  |
| Other Comments |
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| **Ship Management Division (SMD) Comments** |
| Training and Development Requirements |
|  |
| Other Comments |
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| --- | --- | --- | --- |
| MSD - Reviewer:  (Name and Signature) |  | Date: |  |
| SMD - Reviewer:  (Name and Signature) |  | Date: |  |
| Chief Engineer Reviewee:  (Name and Signature) |  | Date: |  |

**Approvers Digital Signature:**

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