



SONOCO PERSONNEL EVALUATION

Date _____ Job Location _____
 Employee _____ Position _____
 Evaluator _____ Rig Steward/Ex St _____
 Time on Location (Days) _____ (Wks.) _____ Regular Assignment _____ Relief _____

SYSTEM (Scale)

1 (low)-10 (high) 5= Average Any mark below 5 must be explained below in COMMENTS SECTION

<u>Uniforms (Check Y/N)</u>	Yes	No		
Khaki/Checked Pants	_____	_____	Attitude	_____
Gray/White shirt	_____	_____	Work Performance	_____
Safety Shoes	_____	_____	Ability to follow instructions	_____
SONOCO Cap	_____	_____	Aptitude for job	_____
			Follows safe work procedures	_____

Appearance

Length of hair	_____	Clean shaven	_____
Personal hygiene	_____	Uniforms clean	_____

Cooks

Ability to manage him/herself	_____	Meal presentation	_____
Ability to manage personnel	_____	Location cleanliness	_____
Proper grocery order procedures	_____	Laundry procedures correct	_____
Paperwork correct / done daily	_____	Communicates with office	_____
Menu used / adequate for job	_____	Job Safety Analysis written	_____
Safety meetings held/attending	_____		

Comments (use back if necessary) _____

Evaluator's Signature _____ Date _____ Employee's Signature _____ Date _____

Job Supervisor's Signature (if other than evaluated employee) _____ Date _____

By my signature on this evaluation form I certify that no accident has occurred to me in this pay period. I confirm if any accident has occurred It has been reported to my immediate supervisor.

Employee Signature	Date
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