



TO BE COMPLETED BY THE **SUPERVISOR**

BOILERMAKER NATIONAL APPRENTICE EVALUATION REPORT

*Please Fax completed form to 780-482-1025

Or complete and email to: sconklin@boilermakers.ca



DATE OF REPORT		REGISTRATION #	
APPRENTICE NAME		APPRENTICE LODGE #	
EMPLOYER		JOB STEWARD'S NAME	
JOB SITE		PROJECT	
START DATE	MM/DD/YYYY	END DATE	MM/DD/YYYY
TYPE OF PROJECT	CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SHOP <input type="checkbox"/>		

TYPE OF WORK		DUTIES	
ATOMIC RAD WORK <input type="checkbox"/>	HEAT EXCHANGERS <input type="checkbox"/>	BURNING <input type="checkbox"/>	LAYOUT <input type="checkbox"/>
PLATE WORK <input type="checkbox"/>	POLLUTION CONTROL EQUIPMENT <input type="checkbox"/>	CONFINED SPACE WATCH <input type="checkbox"/>	METALIZING <input type="checkbox"/>
BOILERS <input type="checkbox"/>	HYDRO ELECTRIC <input type="checkbox"/>	EXPANDING <input type="checkbox"/>	READING DRAWINGS <input type="checkbox"/>
CONDENSERS/ EVAPORATORS <input type="checkbox"/>	TANKS <input type="checkbox"/>	FIBERGLASS <input type="checkbox"/>	RIGGING <input type="checkbox"/>
FURNACES <input type="checkbox"/>	TOWERS <input type="checkbox"/>	GRINDING <input type="checkbox"/>	TACK WELDING <input type="checkbox"/>

EVALUATION	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
ATTITUDE TO SAFETY					
ATTITUDE TO CO-WORKERS					
ATTITUDE TO JOB					
INITIATIVE					
CAPABILITY					
OVERALL RATING					

ATTENDANCE	NEVER	RARELY	OFTEN	# OF TIMES
ABSENT				
LATE				

SUPERVISOR'S COMMENTS:

DATE: MM/DD/YYYY	SUPERVISOR'S NAME (please print)	SUPERVISOR'S SIGNATURE
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