



DCWD CALIBRATION LABORATORY

TRAINING EVALUATION FORM

Name of Trainee : _____
 Division : _____
 Position : _____
 Subject Taken : _____
 Date : _____

PART I – PERFORMANCE / SKILL EVALUATION

CRITERIA	Percentage	GRADE %
1. Technical Ability		
1.1. Basic Knowledge / Method	15%	_____
1.2. Proper Standards Used	10%	_____
1.3. Proper Installation/Set-up	10%	_____
1.4. Ability to Explain Theoretically	15%	_____
1.5. Safety	5%	_____
1.6. Time / Duration of Calibration / Verification	5%	_____
2. Reports and Calibration		
2.1 Computation of Uncertainty	10%	_____
2.2 Accurate Reporting	15%	_____
2.3 Quality of Report	15%	_____
Overall Rating		
Passed		
() 91-100 % Capable Without Supervision		
() 75- 90 % Capable With Supervision		
Failed		
() 74 % and below		

PART II – RECOMMENDATION

Assessed by: (Signature over Printed name)	Date Assessed:
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Noted by:

(Quality Manager)