

Contractor Appraisal Form and Timesheet



Contractor Name:		Job Title:		Date From: dd/mm/yy	
Client:		Location:		Date To: dd/mm/yy	
Please describe job details and work scope:					
Equipment Operated :					
Well Test / Slickline / Data / Coiled Tubing / Nitrogen / Fluid / Other					
Did the contractor perform to his grade?		YES / NO		Would you use this contractor again?	
				YES / NO	
PERFORMANCE ASSESSMENT (To be completed by client)					
Excellent Good Poor					
5 4 3 2 1					
HSE Awareness and Compliance					
Correct Use of PPE, involvement in Tool Box Talks, observance of Risk/COSHH Assessments and protection of the environment.					
Equipment Knowledge & Operation					
Task Performance, equipment knowledge and safe operation of equipment.					
Attitude & Motivation					
Integrates with others, motivated and helpful.					
Hazard Awareness					
Danger of pressure from Well/System/Equipment, danger caused by moving loads & pinch points and manual handling/slips/trips/falls.					
Reporting & Communication					
At shift / crew change, relating to roles and responsibility and at job end or as requested.					
ADDITIONAL APPRAISAL COMMENTS:					
Time Sheet Month:					
Date:	Description:	Date:	Description:	Date:	Description:
1st		12th		23rd	
2nd		13th		24th	
3rd		14th		25th	
4th		15th		26th	
5th		16th		27th	
6th		17th		28th	
7th		18th		29th	
8th		19th		30th	
9th		20th		31st	
10th		21st		Total Days:	
11th		22nd		Is this trip complete? * YES / NO	
Contractor Name:		Contractor Signature:		HAVE YOU INFORMED WWG YOU ARE HOME & AVAILABLE FOR WORK?	
Client Name:		Client Signature:		Contact Email:	

* Trip = current mobilisation (not necessarily the end of the whole job).