Saskatchewan Piping Industry Joint Training Board

[www.saskpiping.ca](http://www.saskpiping.ca)







334 Robin Way

Saskatoon, SK S7L 6X4

OFC: (306) 651-3737

FAX: (306) 651-3466

402 Solomon Drive

Regina, SK S7N 5A8

OFC: (306) 522-4237

FAX: (306) 781-7949

**Field Evaluation Appraisal**

**Check ONE:** Probationary Apprentice Level 1 2 3 4 (85%) 4 (90%)

Trade: **INSTRUMENTATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Journeyperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PLEASE PRINT)

**PLEASE UTILIZE ALL HONESTY WHEN COMPLETING THIS FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Exceeds expectation** | **Meets expectation** | **Needs change** |
| Knowledge of Trade Theory |  |  |  |
| Knowledge of tools uses |  |  |  |
| Ability to perform job |  |  |  |
| Ability to understand directions |  |  |  |
| Ability to accept responsibility |  |  |  |
| Relationship with other workers |  |  |  |
| Initiative |  |  |  |
| Time management abilities |  |  |  |
| Punctuality |  |  |  |
| Attitude towards job safety |  |  |  |
| Attitude towards learning |  |  |  |
| Attitude towards work |  |  |  |
| Overall Rating |  |  |  |

Does this individual miss time away from the job? YES □ NO □ **If Yes obtain the attendance sheet from the timekeeper/payroll office and attach it to this form.**

Comments:

Is this individual a Good Candidate for Apprenticeship? YES □ NO □

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Journeyperson

**Please return this form to the Training Office as soon as possible after it has been completed by the supervising Journeyperson**