

Technical Skills Assessment Form for Shop Floor Employees

Employee Name

Employee ID

Department

Assessor Name

Assessment Date

Skill	Needs Improvement	Competent	Excellent
Machine Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality Inspection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process Documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments