**PERFORMANCE APPRAISAL FORM**

**(Refrigerator Mechanic)**

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| **To be completed by the Assesses** |  |
| State/ Division/ District  Location |  |
| Name |  |
| Joining Date |  |
| Review Period |  |
| Date of Completion of Contract: |  |
| Details of Trainings During Review Period |  |
| Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  |

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| **ASSESSMENT OF COMPETENCE & ABILITY** | | |
| 01 | Attendance other than leaves at least 70% | Y / N |
| 02 | Preventive maintenance of cold chain equipments | Y / N |
| 03 | Timely repair of cold chain equipments | Y / N |
| 04 | Maintenance of records regarding spare parts, cold chain equipments | Y / N |
| 05 | Preparation of Monthly reports of cold chain equipments repaired | Y / N |
| 06 | Coordination with concerned agency for AMC of WIC/WIF | Y / N |
| 07 | Time taken for repair of cold chain equipments on time/ late | Y / N |
| 08 | Maintenance of temperature record of WIC/WIF | Y / N |
| 09 | Visits to cold chain points for repair work | Y / N |
| 10 | Is dependable for task assigned | Y / N |

Note: Y=10 marks, N=0 marks, marks obtained bellow 40% not acceptable

41% - 69% =average, 70%-90%= Satisfactory, 91% - 100% Excellent

Comments from DIO:

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Comments from CMO/AD:

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Comments from State Programme Officer:

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Name:

Designation: Signature

Date

**PERFORMANCE APPRAISAL FORM**

**(Vaccine Store Keeper)**

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| **To be completed by the Assesses** |  |
| State/ Division/ District  Location |  |
| Name |  |
| Joining Date |  |
| Review Period |  |
| Date of Completion of Contract: |  |
| Details of Trainings During Review Period |  |
| Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  |

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| **ASSESSMENT OF COMPETENCE & ABILITY** | | |
| 01 | Attendance other than leaves at least 70% | Y / N |
| 02 | Knowledge of Hindi/ English Computer Typing: words ………….per, minutes  No of errors………….. | Y / N |
| 03 | Proper Maintenance of vaccines and logistics | Y / N |
| 04 | Maintenance of records regarding stock position | Y / N |
| 05 | Preparation of requisitions of vaccines and other logistics | Y / N |
| 06 | Timely submission of Monthly reports of vaccines and other logistics | Y / N |
| 07 | Preparation of yearly requirement of vaccines and logistics according to beneficiaries | Y / N |
| 08 | HMIS data feeding regular and update | Y / N |
| 09 | Maintenance of log books of cold chain Equipments and Generators | Y / N |
| 10 | Is dependable for task assigned | Y / N |

Note: Y=10 marks, N=0 marks, marks obtained bellow 40% not acceptable

41% - 69% =average, 70%-90%= Satisfactory, 91% - 100% Excellent

Comments from DIO:

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Comments from CMO/AD:

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Comments from State Programme Officer:

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Name:

Designation: Signature

Date

**PERFORMANCE APPRAISAL FORM**

**(Vaccine Van Driver)**

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| **To be completed by the Assesses** |  |
| State/ Division/ District  Location |  |
| Name |  |
| Joining Date |  |
| Review Period |  |
| Date of Completion of Contract: |  |
| Details of Trainings During Review Period |  |
| Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  |

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| **ASSESSMENT OF COMPETENCE & ABILITY** | | |
| 01 | Attendance other than leaves at least 70% | Y / N |
| 02 | Proper Transport of vaccines and logistics | Y / N |
| 03 | Proper Maintenance log book of vehicles | Y / N |
| 04 | Proper Maintenance of vaccine van | Y / N |
| 05 | Proper supervision of loading and unloading of vaccines and logistics | Y / N |
| 06 | Is he punctual | Y / N |
| 07 | Is dependable for task assigned | Y / N |

Note: Y=10 marks, N=0 marks, marks obtained bellow 30 not acceptable (consider Aggregate number)

31 - 49 =average, 50-60= Satisfactory, 61- 70= Excellent

Comments from DIO:

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Comments from CMO/AD:

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Comments from State Programme Officer:

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Name:

Designation: Signature

Date

**PERFORMANCE APPRAISAL FORM**

**(Cold Chain Handlers)**

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| **To be completed by the Assesses** |  |
| State/ Division/ District  Location |  |
| Name |  |
| Joining Date |  |
| Review Period |  |
| Date of Completion of Contract: |  |
| Details of Trainings During Review Period |  |
| Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  |

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| **ASSESSMENT OF COMPETENCE & ABILITY** | | |
| 01 | Attendance other than leaves at least 70% | Y / N |
| 02 | Cleaning of cold chain equipments | Y / N |
| 03 | Ice pack filling , freezing in Deep freezers, conditioning | Y / N |
| 04 | Packing of ice packs in vaccine carriers and putting vaccines in it | Y / N |
| 05 | After immunization sessions emptying vaccine carriers and keeping vaccines according to given instructions by vaccine store keepers | Y / N |
| 06 | Loading and unloading of vaccines other logistics | Y / N |
| 07 | Operation of generator during power cuts to ensure backup for keep up of vaccines in proper temperature | Y / N |
| 08 | Cleaning and defroststing ILR and DF on regular interval | Y / N |
| 09 | Cleaning and preventive maintenance of cold boxes and vaccine carriers | Y / N |

Note: Y=10 marks, N=0 marks, marks obtained bellow 38 not acceptable (consider Aggregate number)

39 - 59 =average, 60-79= Satisfactory, 80 - 90 Excellent

Comments from DIO:

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Comments from CMO/AD:

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Comments from State Programme Officer:

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Name:

Designation: Signature

Date

**PERFORMANCE APPRAISAL FORM**

**(Computer Assistant)**

|  |  |
| --- | --- |
| **To be completed by the Assesses** |  |
| State/ Division/ District  Location |  |
| Name |  |
| Joining Date |  |
| Review Period |  |
| Date of Completion of Contract: |  |
| Details of Trainings During Review Period |  |
| Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  |

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| **ASSESSMENT OF COMPETENCE & ABILITY** | | |
| 01 | Attendance other than leaves at least 70% | Y / N |
| 02 | Knowledge about Routine Immunization Programme | Y / N |
| 03 | Knowledge of Hindi/ English Computer Typing: words ………….per, minutes  No of errors………….. | Y / N |
| 04 | Timely correct data compilation or Routine Immunization reports | Y / N |
| 05 | Timely correct HMIS data uploading and forwarding | Y / N |
| 06 | Maintains and up keeps computer | Y / N |
| 07 | Knowledge about computer programmes: MS Office and designing tools | Y / N |
| 08 | Handles e-mail correspondences, | Y / N |
| 09 | Records maintenance | Y / N |
| 10 | Assignment of work completion on time | Y / N |

Note: Y=10 marks, N=0 marks, marks obtained bellow 40% not acceptable

41% - 69% =average, 70%-90%= Satisfactory, 91% - 100% Excellent

Comments from DIO:

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Comments from CMO/AD:

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Comments from State Programme Officer:

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Name:

Designation: Signature

Date

**PERFORMANCE APPRAISAL FORM**

**(Assistant Cold Chain officer)**

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| **To be completed by the Assesses** |  |
| State/ Division/ District  Location |  |
| Name |  |
| Joining Date |  |
| Review Period |  |
| Date of Completion of Contract: |  |
| Details of Trainings During Review Period |  |
| Total leave taken during the year.  Did you take leave for more than 7 days at a stretch? If yes, give purpose. |  |

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| **ASSESSMENT OF COMPETENCE & ABILITY** | | |
| 01 | Attendance other than leaves at least 70% | Y / N |
| 02 | Knowledge of Hindi/ English Computer Typing: words ………….per, minutes  No of errors………….. | Y / N |
| 03 | Ensures availability of cold chain equipments according to need | Y / N |
| 04 | Maintenance of cold chain equipment, within prescribe response tine and break down time | Y / N |
| 05 | Daily Inspection of WIC/WIF and other cold chain equipments and generator | Y / N |
| 06 | Management of distribution of vaccines and logistics to vaccine storage points according to beneficiary load | Y / N |
| 07 | Preparation training calendar of MOs/Refrigerator mechanic/Cold chain handlers | Y / N |
| 08 | Organizing training for different level officers/workers of cold chain equipment and Maintenance  No of training planned…………….and held…………. | Y / N |
| 09 | No of field visits at Regional stores………/Divisional Stores…………./District Stores…………/Block level Vaccine stores……… | Y / N |
| 10 | Periodic reviews with program officers | Y / N |

Note: Y=10 marks, N=0 marks, marks obtained bellow 40% not acceptable

41% - 69% =average, 70%-90%= Satisfactory, 91% - 100% Excellent

Comments from DIO:

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Comments from CMO/AD:

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Comments from State Programme Officer:

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Name:

Designation: Signature

Date