



SUPERIOR BAY MARINE OF ALABAMA



EXPERIENCED DECKHAND PERFORMANCE & RAISE EVALUATION PACKET

Periodic / Merit Review Program

1 EMPLOYEE INFORMATION

Employee Name: _____

Position: Experienced Deckhand _____

Vessel/Towboat: _____

Evaluation Date: _____

Hire Date: _____

Time in Position: _____

Evaluator: _____

Review Period: _____

Reason for Review: ☐ Annual / Periodic ☐ Merit ☐ Pay Review ☐ Promotion ☐ Other

2 PACKET OVERVIEW

- 1 Experienced Deckhand Practical Competency Review
- 2 Performance, Reliability and Leadership Evaluation
- 3 Strengths, Training Needs and Development Goals
- 4 Pay Raise Recommendation and Management Approval

3 PURPOSE / INSTRUCTIONS

This packet documents the ongoing performance, safety habits, practical ability, reliability, and development of an experienced deckhand. It provides a consistent record for coaching, advancement, and pay review decisions.

Complete all applicable sections using observed job performance. A favorable evaluation does not by itself guarantee a pay increase; final compensation decisions require management approval.

4 EVALUATION BASIS

- Documented safety performance
- Job knowledge and practical deck skills
- Attendance, dependability and conduct
- Initiative, teamwork and leadership
- Ability to work independently and train others
- Company needs and management approval

5 EMPLOYEE ACKNOWLEDGMENT

I acknowledge that I have reviewed the purpose of this evaluation packet and understand that the evaluation and pay recommendation will be based on documented job performance and management review.

Employee Signature / Date

Evaluator Signature / Date





SUPERIOR BAY MARINE OF ALABAMA



EXPERIENCED DECKHAND PERFORMANCE & RAISE EVALUATION PACKET

Experienced Deckhand Practical Competency Evaluation

1 EMPLOYEE INFORMATION

Employee Name: _____ Vessel/Towboat: _____

Evaluator: _____ Review Date: _____

2 PRACTICAL COMPETENCY CHECKLIST

LEGEND: D = Developing S = Meets Standard
I = Independent T = Can Train Others N/A = Not Applicable

SKILL / TASK	STATUS (D, S, I, T, N/A)	DATE	EVALUATOR INITIALS	COMMENTS
A. SAFETY & COMPLIANCE				
1. Uses required PPE and follows safe-work practices				
2. Recognizes snap-back, pinch-point and fall hazards				
3. Boards vessels and barges safely				
4. Reports unsafe conditions, injuries and near misses				
5. Knows emergency duties, equipment and spill response				
B. LINE HANDLING & RIGGING				
1. Inspects lines, wires, ratchets, chains and fittings				
2. Throws, receives and handles lines safely				
3. Secures lines to bitts, kevels and timberheads				
4. Operates winches and capstans safely				
5. Recognizes damaged or unserviceable rigging				
6. Maintains safe body position and clear communication				
C. TOW OPERATIONS				
1. Makes and breaks tow without constant instruction				
2. Understands face, backing, breast and check wires				
3. Works safely between barges and on tow knees				
4. Crosses between vessel, barges and tow safely				
5. Monitors and adjusts rigging during operations				
6. Communicates effectively with the wheelhouse				
D. WATCHSTANDING & COMMUNICATION				
1. Maintains an effective lookout				
2. Reports traffic, lights, hazards and changing conditions				
3. Completes proper watch turnover				
4. Uses radio, hand signals and closed-loop communication				
5. Controls distractions and reports fatigue concerns				
E. MAINTENANCE & EQUIPMENT CARE				
1. Uses hand and power tools correctly				
2. Performs routine cleaning and preventive maintenance				
3. Uses safe lifting and material-handling techniques				
4. Protects company equipment and secures gear after use				
5. Maintains deck, quarters and work areas to standard				

3 PRACTICAL SIGN-OFF

Evaluator Overall Comments: _____

Overall Practical Status:

☐

Developing

☐

Meets Standard

☐

Independent

☐

Can Train Others





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EXPERIENCED DECKHAND PERFORMANCE & RAISE EVALUATION PACKET

Performance, Reliability & Leadership Evaluation

1 EMPLOYEE INFORMATION

Employee Name: _____ Evaluation Date: _____

Vessel/Towboat: _____ Review Period: _____

2 PERFORMANCE EVALUATION

1 = Unsatisfactory 2 = Needs Improvement 3 = Meets Expectations
4 = Above Expectations 5 = Excellent

EVALUATION FACTOR	1	2	3	4	5	COMMENTS
Safety Awareness & Work Habits	☐	☐	☐	☐	☐	
Quality and Accuracy of Work	☐	☐	☐	☐	☐	
Line Handling / Tow Work Proficiency	☐	☐	☐	☐	☐	
Equipment Operation & Care	☐	☐	☐	☐	☐	
Watchstanding / Lookout	☐	☐	☐	☐	☐	
Emergency Response	☐	☐	☐	☐	☐	
Communication with Wheelhouse	☐	☐	☐	☐	☐	
Teamwork & Cooperation	☐	☐	☐	☐	☐	
Attendance & Dependability	☐	☐	☐	☐	☐	
Initiative & Work Ethic	☐	☐	☐	☐	☐	
Judgment & Problem Solving	☐	☐	☐	☐	☐	
Leadership / Ability to Train	☐	☐	☐	☐	☐	
Professional Conduct	☐	☐	☐	☐	☐	
Overall Performance / Value	☐	☐	☐	☐	☐	

3 STRENGTHS / ACCOMPLISHMENTS

4 TRAINING NEEDS / DEVELOPMENT GOALS

5 OVERALL RECOMMENDATION

☐ Meets Current Requirements ☐ Additional Training / Follow-Up ☐ Consider for Advancement / Added Responsibility





SUPERIOR BAY MARINE OF ALABAMA



EXPERIENCED DECKHAND PERFORMANCE & RAISE EVALUATION PACKET

Pay Raise Recommendation & Final Management Review

1 EMPLOYEE INFORMATION

Employee Name: _____ Evaluation Date: _____

Vessel/Towboat: _____ Review Period: _____

2 PAY REVIEW SUMMARY

Current Pay Rate: \$ _____ Pay Basis: ☐ Day ☐ Hour ☐ Other

Recommended Increase: \$ _____ or Percent: _____ %

Recommended New Pay Rate: \$ _____ Proposed Effective Date: _____

Reason: ☐ Merit ☐ Increased Skills / Responsibility ☐ Promotion ☐ Market / Retention

3 EVALUATOR / CAPTAIN RECOMMENDATION

☐ Recommend Pay Increase ☐ Recommend No Increase at This Time ☐ Defer for Follow-Up Review

Reason / Supporting Comments:

4 FINAL MANAGEMENT DECISION

☐ Approved as Recommended ☐ Approved with Modified Amount ☐ Not Approved

☐ Deferred Pending Follow-Up ☐ Additional Training / Performance Period Required

Approved Increase: \$ _____ Approved New Pay Rate: \$ _____

Effective Date: _____ Follow-Up Review Date: _____

5 SIGNATURES / EMPLOYEE ACKNOWLEDGMENT

Evaluator / Captain Signature / Date

Operations / Port Captain Approval / Date

Office / Management Approval / Date

I acknowledge that this evaluation and final pay decision have been reviewed with me. My signature confirms receipt and discussion, not necessarily agreement. Pay changes are effective only after written management approval.

Employee Signature / Date

