

Manufacturing Worker Performance Review Form

Employee Name

Employee ID

Department

Review Date

Reviewer

Performance Criteria	Rating (1-5)	Comments
Attendance & Punctuality	<input type="text"/>	<input type="text"/>
Quality of Work	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Safety Practices	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Goals/Action Plan

