

Employee Name \_\_\_\_\_  
 Plant Operations Mechanic  
 Plant Operations

**Gonzales Healthcare Systems**  
**Job Description/Competency Based Performance Appraisal**

<b>Job Title: Plant Operations Mechanic</b>	<b>Department: Plant Operations</b>
<b>Employee Reports To: Plant Operations Director</b>	<b>Employee Supervises:</b>
<b>Exempt/Non-exempt Status: Non-Exempt</b>	<b>Employment Status: Full Time</b>
<b>CEO/Administrator Approval:</b>	<b>Date:</b>
<b>Date of Hire:</b>	<b>Review Date:</b>

<b>Position Summary</b>
<p><b>Performs installation, maintenance and repair functions on Gonzales Healthcare System equipment. The ability to comprehend and follow routine written or verbal instruction or directions. OSHA Bloodborne Pathogens III.</b></p> <p><b>Position requires On-Call Hours.</b></p>

<b>Position Qualification</b>	
<b>Education &amp; Licensure</b>	<b>High School graduate or equivalent. No Licensure required.</b>
<b>Experience</b>	<b>Experience as a mechanic in a Gonzales Healthcare System or large facility. Trade School or technical courses in maintenance and repair preferred. Abilities in equipment repair, electricity, plumbing, carpentry, and refrigeration.</b>
<b>Physical Requirements</b>	<b>Intermittent sitting, prolonged periods of standing and walking. Frequent bending, stooping, and reaching. Crawling required while performing maintenance. Average lifting of 50# from the floor to waist, 50# surface to surface, 25# overhead. Carrying 50# approximately 80 feet and pushing and pulling with 50 - 75# force while assisting patients or moving equipment.</b>

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<b>Criteria for Performance Appraisal</b>	
5	Exceptional Performance – requires comment
4	Above Average Behavior
3	Expected Behavior
2	Needs Improvement
1	Unsatisfactory Performance – requires comment

**Record a comment with ratings 1 and 5.**

<b>Section 1: Core Behaviors</b>		1	2	3	4	5	<b>Comments</b>
<b>A</b>	<b>Organizational Commitment</b>						
1	Demonstrates a professional demeanor						
2	Is committed to GHS's Mission, Vision, Values						
3	Complies with Gonzales Healthcare System and departmental Policies						
4	Demonstrates commitment to enhancing how GHS is viewed by others						
5	Adheres to Attendance & Punctuality Policy						
<b>B</b>	<b>Customer Orientation</b>						
1	Advocate of the diverse needs & cultural values of ALL						
2	Provides attentive service to ALL						
3	Demonstrates respect, sensitivity & care in ALL						
4	Protects confidentiality and privacy of ALL						
5	Adheres to current GHS's Customer Service Standards						
<b>C</b>	<b>Performance Focus &amp; Self Management</b>						
1	Organizes & prioritizes work duties						
2	Works toward the continuing growth/development of staff						
3	Sets & tries to surpass personal & work goals						
4	Is aware of one's impact on others						
5	Is flexible & adapts positively to new, different or changing situations						
6	Asks questions, is informed & acts according to GHS's standards						
7	Incorporates the PI plan principles into daily activities						
8	Adheres to laws and regulations applicable to job function						
<b>D</b>	<b>Team Orientation</b>						
1	Acts to work cooperatively with & helps other team members						
2	Participates in projects & is a good team player						
3	Recognizes and acknowledges others for a job well done						
4	Considers coworkers views & recommendations						
5	Extends team work behaviors to ALL						
<b>E.</b>	<b>Interpersonal Communications</b>						
1	Effectively communicates with others in an effort to create mutual understanding						
2	Works to find resolutions to problems						
3	Encourages two way communications						
4	Maintains focus on issues rather than personalities						
<b>Total Points: _____</b>		<b>Number of Responsibilities: _____</b>		<b>Average Points: _____</b>			
Divide Total Points by Total Number of Responsibilities to obtain Average Points for Core Behaviors							



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**Section 4: Additional Responsibilities – Refer to Section I – Core Behaviors**

A. Attendance/Punctuality:

Yes  No Does this employee meet GHS's Time, Attendance, Time Off Requests and Failure to Badge Policy 86-124

Days Missed: \_\_\_\_\_ Comments: \_\_\_\_\_

Occurrences: \_\_\_\_\_

Tardiness: \_\_\_\_\_

B. Disciplinary Actions (Exclude Attendance)

Date of Action	Comments/Reasons

C. Mandatory Training/Safe Work Practices

Yes  No Did this employee meet the mandatory training requirements during the previous 12 months?

Yes  No The employee demonstrates knowledge and understanding of infection control and safe work practices and the importance of preventive measures. Attends work area specific safety in-services.

Yes  No Did the employee review the Age Specific Competencies.

**Section 5:**

A. Discuss with your employee the future plans for Gonzales Healthcare Systems as well as your specific department and this individual employee.

Employees Ideas	Manager's/Supervisors Ideas

B. Discuss with your employee expectations.

Employees Ideas	Manager's/Supervisors Ideas

C. Discuss with your employee Style.

Employees Ideas	Manager's/Supervisors Ideas

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D. Discuss with your employee resources.

Employees Ideas	Manager's/Supervisors Ideas

E. Discuss with your employee development.

Employees Ideas	Manager's/Supervisors Ideas

**Section 6: Annual Statements**

**HIPAA**

As a GHS representative, I agree to respect and abide by all federal, state and local laws pertaining to the confidentiality of identifiable medical, personal and financial information. I may see or hear confidential business or private information concerning patients/individuals. Since this information is confidential, I hereby agree and understand that this information is not to be discussed or disclosed to others except as required for the treatment, payment and health care operations as set forth in the release of information policy.

Employee Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Compliance/Code of Conduct**

I hereby agree and understand that I am not to engage in any transaction or arrangement that might benefit the private interest of an officer, member of the board, employee or myself. I have received a copy of the Gonzales Healthcare Systems Code of Conduct and agree to act accordingly. I have review the Legal Compliance Plan and Policy and have received education regarding my personal responsibilities and understand I have an individual obligation to report any action I feel is questionable.

Employee Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 7:**

Area	Average Points	
Core Behaviors		Divide Total Points by the Number of Areas evaluated to Obtain total Score.
Leadership Behaviors		
Job Essential Functions		
	<b>Total Points:</b>	Total Score:

Total Score	Score Range	Overall Rating
	1	<input type="checkbox"/> Unsatisfactory Performance – requires comment
	2	<input type="checkbox"/> Needs improvement
	3	<input type="checkbox"/> Expected Behavior
	4	<input type="checkbox"/> Above Average
	5	<input type="checkbox"/> Exceptional Performance – requires comment

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**Section 8: Supervisor's Comments (Optional)**

Areas in which employee excel:

Areas in which improvement or future development is required.

Summary of overall performance.

**Section 9: Employee's Comments**

To what extent do you agree or disagree with this performance appraisal?

- I agree completely
- I agree
- I have some disagreement
- I totally disagree (Please provide comments below)

Additional Employee's Comments: (optional unless employee indicates disagreement with this performance appraisal)

**Section 10: Administrative Review**

Evaluator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Employee's signature indicates that the employee has seen this completed appraisal form but does not necessarily imply agreement with the appraisal.)