

GLOVE USE & EVALUATION FORM

Company:	Trail Start Date:
Contact Name:	Trail Finish Date:
Contact Tel:	Caswells Brand/Model:
Employee Name:	
Department:	
Current Brand:	

Glove Wearer Feedback

The purpose of the evaluation is to give glove supplier Caswells Group, initial feedback in terms of comfort, fit, durability and quality.

	Poor				Good				Excellent		Compared to current glove supplier		
	1	2	3	4	5	6	7	8	9	10	Better	Similar	Worse
How the glove feels on my hand													
Level of protection felt													
Ease of donning off and on													
Grip (Wet or Dry)													
Dexterity													
Cut Protection													
Heat Protection													
Barrier Protection (Liquids)													
Durability/Quality													
Overall Glove Performance													

1. Length of glove usage before breakdown (in days or hours) :
2. Points most liked about the test glove:
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3. Points least liked about the test glove:
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Thank you for taking part in the trial and for your valued feedback.

