



PPE FEEDBACK FORM

Employee Name: _____

Job Description: _____

Type of PPE: _____

Part number/style of PPE currently being used: _____

SKU number testing: _____

Using a scale of 1-5, with 5 being the highest, please evaluate the PPE's performance that you're presently testing.

1. How comfortable is it to wear?

1 2 3 4 5

4. Durability/Quality?

1 2 3 4 5

2. Level of protection felt?

1 2 3 4 5

5. Overall PPE performance?

1 2 3 4 5

3. Ease of taking off and on?

1 2 3 4 5

6. How does new PPE compare to the current PPE you are using?

I like the old PPE better About the same
 I like this PPE better Why?

Length of test PPE usage before breakdown (in days or hours): _____

Points most liked about the test PPE: _____

Points least liked about the test PPE: _____

Please return this form to (name of Safety Contact): _____
