

SAFETY FEATURE EVALUATION FORM

GLOVES



Date: _____ Department: _____ Occupation: _____

Product: _____ Number of times used: _____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

- | | agree.....disagree |
|--|--------------------|
| 1. The gloves dispense easily and quickly..... | 1 2 3 4 5 N/A |
| 2. The gloves are not discolored upon removal from the box..... | 1 2 3 4 5 N/A |
| 3. The glove does not have visible manufacturing defects (holes, etc)..... | 1 2 3 4 5 N/A |
| 4. The glove is available for a wide variety of hand sizes..... | 1 2 3 4 5 N/A |
| 5. The size is easily determined after it has been removed from the box. (sizes are marked differently)..... | 1 2 3 4 5 N/A |
| 6. The glove is easy to put on, even if hands are damp..... | 1 2 3 4 5 N/A |
| 7. The glove retains appropriate sensitivity in the fingers..... | 1 2 3 4 5 N/A |
| 8. The glove protects the wrist securely..... | 1 2 3 4 5 N/A |
| 9. The glove does not damage the skin..... | 1 2 3 4 5 N/A |
| 10. No excess powder remains after removing the glove..... | 1 2 3 4 5 N/A |
| 11. The glove does not tear through expected regular use..... | 1 2 3 4 5 N/A |
| 12. The glove is comfortable for extended use..... | 1 2 3 4 5 N/A |
| 13. The glove does not stick to tape..... | 1 2 3 4 5 N/A |
| 14. The glove allows the user to manipulate objects..... | 1 2 3 4 5 N/A |
| 15. The glove is easy to remove..... | 1 2 3 4 5 N/A |

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/ utility of this product?