

HAND PROTECTION FEEDBACK FORM

Wearer name:			Trial start date:		
Company name:			Trial end date:		
Telephone:			Email:		
Current glove used:			Trial glove used:		
Tasks carried out:					
How long do your current gloves last?	< 1 week	1 week	2 weeks	3 weeks	1 month
How long did the gloves that you trialled last?	< 1 week	1 week	2 weeks	3 weeks	1 month
YOUR OPINION					
	Very poor	Poor	Adequate	Good	Excellent
Fit and comfort	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Grip quality	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Dexterity	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Performance	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Does this glove offer improvement over your previous glove choice?					
Ye	s 🔵 N	o 🔿			

We value suggestions for improvement, do you have any for us? This helps us innovate and meet the needs of actual wearers on the ground.

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