

We appreciate your feedback on the personal protective equipment (PPE) you have used. Your input helps us ensure the safety and satisfaction of all users. Please take a moment to complete this form.

PPE Item

- Eye Protection Head Protection
 Hearing Protection Other (Please specify):

Please rate the following aspect:

	Very poor	Poor	Adequate	Good	Excellent
Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Durability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this PPE provide the necessary protection for your task?

Yes No Comments

Were there any issues with the PPE during use?

Yes No Comments

How does this PPE compare to other similar items you've used?

Better Similar Worse Comments

Would you recommend this PPE to others?

Yes No Comments

Additional Feedback or Suggestions:

Your Name (optional):

Department/Job Title (optional):