

# Customer Product Evaluation Survey

Date: \_\_\_\_\_

Company & Location: \_\_\_\_\_

Item type: \_\_\_\_\_

(Glove, Safety)

## PRODUCT DATA:

Application: \_\_\_\_\_

How often do you replace this item?

Hourly \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Other \_\_\_\_\_

Please Explain

\_\_\_\_\_  
\_\_\_\_\_

## Pros & Cons

Pros	Cons
_____	_____
_____	_____
_____	_____
_____	_____

LIKES: \_\_\_\_\_

DISLIKES: \_\_\_\_\_

Was the item cleaned \_\_\_\_\_ If yes, how many times & what method? \_\_\_\_\_

Comments, Questions, or Suggestions

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