PPE Evaluation Form

Employee Information	
Employee Name	
Date	
Product Evaluated	
Number of Hours Used	
What job did you use this item for?	

Please Rate the Item

Additional Questions		
Was the item comfortable?	☐ Yes	☐ No
Did the item cause any skin irritation?	☐ Yes	☐ No
Did it fit properly?	☐ Yes	☐ No
Did it stay intact during the job?	☐ Yes	☐ No
Do you feel this item kept you safe?	☐ Yes	☐ No
Why or why not?		
Would you want to wear this item again?	☐ Yes	☐ No
Why or why not?		