U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

Personal Protective Equipment (PPE) Evaluation Checklist

Please make your selection(s) below:

Establishment:

FSIS Establishment Number: _____

Name:

Which of the assigned products are you providing feedback on? Check the applicable PPE used for this trial (one form per piece of PPE):

- ☐ Gloves
- ☐ Safety Glasses
- ☐ Earplugs
- ☐ Miscellaneous PPE: _____

Overall, how satisfied were you with this product?

	1	2	3	4	5	
Very unsatisfied	☐	☐	☐	☐	☐	Very satisfied

How likely are you to recommend this product to be incorporated in the Agency's inventory?

	1	2	3	4	5	
Very unlikely	☐	☐	☐	☐	☐	Very likely

What work activities were performed while wearing the PPE?

How long did you wear this product?

- ☐ A full shift
- ☐ Between 4 and 8 hours
- ☐ Between 2 and 4 hours
- ☐ < 2 hours

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How confident are you that this product provides you the kind of protection you needed?

	1	2	3	4	5	
Not very confident	☐	☐	☐	☐	☐	Extremely confident

What was the biggest challenge using this PPE?

- ☐ Didn't protect hands against contaminants
- ☐ Hands lack dexterity when wearing gloves
- ☐ Increased temperature of hands
- ☐ Other (Explain below in comments)

How easy was it to don or doff the PPE?

	1	2	3	4	5	
Very difficult	☐	☐	☐	☐	☐	Very easy

Comment(s): Please share with us in your own words your impression of the effectiveness of this PPE:

Submit by E-mail