

PERSONAL PROTECTIVE EQUIPMENT (PPE) EVALUATION CHECKLIST

Please make your selection(s) below:

Establishment:

FSIS Establishment Number: _____

Name: _____

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

☐ Cold Weather Gloves

☐ Hardhat

☐ Cut Resistant Gloves

☐ Miscellaneous PPE: (Specify) _____

Overall, how satisfied were you with this product?

	1	2	3	4	5	
Very unsatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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

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

	1	2	3	4	5	
Not very confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremely confident

What was the biggest challenge using this PPE?

- ☐ Gloves didn't keep hands warm
- ☐ Gloves were cumbersome and lacked dexterity
- ☐ Gloves lacked abrasion resistance
- ☐ Size and fit of PPE item
- ☐ No challenges or problems wearing the PPE
- ☐ Other (Explain below in comments)

How was the glove to don/doff?

	1	2	3	4	5	
Very difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very easy

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