



EVALUATION / TESTED GLOVE

PRODUCT: DATE:

COMPANY:

CONTACT:

E-MAIL, CONTACT:

DEPARTMENT:

USER:

E-MAIL, USER:

PHONE:

WHAT GLOVE DO YOU USE TODAY?:

HOW MANY HOURS DID YOUR CURRENT GLOVE WITHSTAND?:

HOW MANY HOURS DID OUR GLOVE WITHSTAND?:

HOW DID THE TESTED PRODUCT MEET YOUR DEMANDS?

	WELL	OK	ALMOST	NOT AT ALL	NOT TESTED
FLEXIBILITY					
DURABILITY					
CLIMATE IN THE GLOVE					
GRIP					
COLD					
HEAT					
FLUIDS					
DIRT					
VIBRATION					

USAGE (INDOOR / OUTDOOR / MIX)

TYPE OF WORK

DO YOU CONSIDER THE TESTED GLOVE TO BE BETTER THEN YOUR CURRENT PRODUCT? (YES/NO)

COMMENTS:

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SEND TO:

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