

Glove Trial



Company Name:

Employee Name:

PH glove used in this trial:

Name of existing glove:

Description of task:

Start date:

End date:

Please rate PH's glove performance against your existing glove:

	Superior	Better	Equal	Worse
Durability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort and fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How suitable were the gloves for your work?

How long did the gloves last before you replaced them?

How long did your existing gloves last?

General comments:

Please state which glove was preferred overall:

At the end of the trial please return this form to your Health & Safety Manager.

Thank you for your assistance.

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