



GLOVE EVALUATION FORM

Name: _____

Location: _____

Department: _____

Supervisor/Manager _____

Safety Supervisor/
Manager _____

Glove item # _____

Description: _____

Hand out date: _____

Return date: _____

Duration of evaluation: _____

Using a scale of 1 – 5 (5 being the highest). Please evaluate the glove performance.

1. How the glove feels on my hand - fit and feel 1 2 3 4 5

Comments: _____

2. Level of basic protection felt 1 2 3 4 5

Comments: _____

3. How easy was it to get the glove off & on 1 2 3 4 5

Comments: _____

4. Grip - DRY 1 2 3 4 5

Comments: _____

5. Grip – WET 1 2 3 4 5

Comments: _____

