

THE VEST MAN

Product Evaluation Form

Name _____

Department _____

General Questions Use a 1 – 10 scale (10 being best and 1 being worst)

Score

How does the vest carrier fit your ballistic panels? _____

How does your vest fit your body? _____

How functional are your pockets? _____

How comfortable is your vest? _____

How easy is the vest to put on and off? _____

Overall score/opinion of the vest carrier _____

Do you have any issues or features that you would like changed? Yes or No _____

If yes, have you contacted The Vest Man to resolve those issues? Yes or No _____

What was the result of your communication with The Vest Man? _____

Is there anything that you would recommend for an overall change of the vest carrier? _____

Do you notice a positive difference for you in relation to the change of weight on your body from your hips to your shoulders? Yes or No _____

Can you confirm that heat/fatigue relief would be one of the results of wearing this vest carrier, especially during the summer months? Yes or No _____

Would you wear this vest carrier daily if it was approved? Yes or No _____

Do you recommend that your Department approve this product? Yes or No _____

Additional comments: _____
