

PRODUCT EVALUATION

Environmentally Preferable Cleaning Product Project

DIRECTIONS

Please complete this form while testing each product. Highlight or fill in the requested information. If you have questions, feel free to ask one of the facilitators.

FACILITY INFORMATION

Your name _____ Product tested _____

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1 How well did this product clean?	Well	Average	Poorly
2 How hard did you have to work to clean with the product?	Easy	Hard	Extremely Hard
3 Did you have to clean with this product more often than expected?	Less than expected	As expected	More than expected
4 Did you have to use more of this product than was recommended for the job?	Used less than recommended	Used recommended amount	Used much more than recommended
5 How does this product smell?	Nice	Okay	Not Okay
6 What do building occupants think of the product?	Pleased with product	No comments or neutral comments	Dissatisfied
7 Did you experience any health problems from using the product?	No negative reactions	Minor problems such as: sneezing, temporary headaches, mild skin/eye irritation	More significant problems: (please describe)
8 Would you recommend this product to others?	Yes	Maybe	No
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COMMENTS _____