

WorkSMART's Tool / Equipment Evaluation

Device:		Model #:	
Test Location:		Test Period:	

1. Since using the new device, have you noticed any change in comfort regarding your:

(Check appropriate response)	Improved Comfort	Less Comfort	No Change in Comfort
Feet			
Legs			
Lower Back			
Upper Back			
Neck			
Head			
Shoulders			
Arms / Elbows			
Wrist / Hands			
Other: _____			

Comments: _____

2. In comparison to previous equipment used, how would you rate the following

(Check appropriate response)	Not Applicable	Improved Comfort	Less Comfort	No Change in Comfort
Chair Comfort				
Cab Comfort				
Temperature				
Ventilation				
Vision				
Noise				
Vibration				

3. Do you find the equipment: ☐ Easy to operate ☐ Difficult to operate

Comments: _____

4. Does it make the task easier or less demanding? ☐ Yes ☐ No ☐ N/A

Comments: _____

5. Does it improve the work process? ☐ Yes ☐ No ☐ N/A

Comments: _____

6. Does it negatively impact the work process? ☐ Yes ☐ No ☐ N/A

Comments: _____

7. Is the equipment reliable and/or easy to maintain? ☐ Yes ☐ No ☐ N/A

Comments: _____

8. Did you receive enough training in how to use the equipment? ☐ Yes ☐ No

Comments: _____

9. Is there anything you don't like or would like to see changed about the equipment?

Comments: _____

10. Would you like to continue using the equipment? ☐ Yes ☐ No

11. Additional comments? _____

Thank You!