## **Testing and Evaluation Form**

**Note:** This is not a product endorsement from DeSantis Holster & Leather Goods. It is a recommendation by a field tester for the agency. The agency's "Member tested and recommendation program" is designed as a service to assist the Training Division in selecting the best products available to the agency.

Name of Evaluator:	
Department/Unit/Section:	
Contact Information:	
Period of Evaluation:	
I. PRODUCT INFORMATIO	<u>DN</u>
Product Trade Name:	
Product Model Number:	

## II. OVERALL OPINIONS ABOUT THE PRODUCT

Please indicate your <u>initial opinion</u> about the product that you are evaluating. Please fill in the circle that best matches your OPINION about each attribute.

<b>Product Attributes</b>	Excellent	Average	Poor	N/A
Appearance	0	O	O	O
Shape	0	O	O	0
Weight	О	0	O	O
Texture	0	O	0	0
Size	0	0	0	O
Quality	0	O	O	O
Comfort	0	0	0	O
Durable	0	0	0	0
Design			O	0
Storage	1 0	0	0	O
Application for Law	0	O	O	O
Enforcement	0	O	0	O

## III. OPINIONS ABOUT THE PRODUCT CONTROLS

Please indicate your opinions about the controls for the product that you are evaluating. Fill in the circle that most closely matches your **OPINION** about each attribute.

Control Attributes	Excellent	Average	Poor	N/A
Functionality	O	O	O	O
Shape	0	0	0	O
Weight	0	0	0	0
Size	0	O	0	O
Quality	O	O	0	0
Comfort	O	O	0	O
Performance	0	0	0	0
Usability	0		0	0
Reliability	· ·	O		
Layout	O	0	O	O
Officer Safety	O	O	O	0
Versatility	O	O	O	O
Convenience	0	0	O	0
Cleaning/Maintenance	0	0	0	0
Accuracy	0	0	0	0
Application for Law		_	-	
Enforcement	0	O	0	0
Cost	O	O	0	0

If the evaluated product met and/or failed to meet your expectations, please tell us what you liked or did not like about the product. Please include in your response any suggested improvements and/or any associated problems with the product during the evaluation period.

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