

Product Evaluation Form

New Product Name: _____

Replaced: _____

Product Application: _____

Test Site: _____

Date of Test: _____

How test was done: _____

Good Points: _____

Bad Points: _____

Overall Rating

Check One

5 is Excellent 1 is Poor

5

4

3

2

1

Test Completed by: _____

Date Completed: _____

Return completed form to buyer:

Date received: _____

Turned in by: _____