



WEAR TEST EVALUATION FORM

PLEASE FAX TO :

We are very pleased to offer Perfection Uniform products to you for wear test purposes. Our products have been designed to maximize comfort and performance for the Public Safety Professional. Your input is VERY important to your department as they choose the best garment for wear by you and your colleagues, and for Perfection Uniforms as we continually strive to develop new & better products.

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Name: _____ Agency: _____
City: _____ State: _____ Zip: _____
Phone #: _____ E-Mail: _____

Name of person in charge of uniform acquisition for your agency: _____

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Style # (s) tested: _____

(PLEASE FOLLOW THE CARE INSTRUCTION LABEL ON EACH GARMENT)

Rate the following on a scale of 1-5 with 1 being poor and 5 being excellent.

| | | | | | |
|---|---|---|---|---|---|
| Overall fit of the garment(s) | 1 | 2 | 3 | 4 | 5 |
| Overall comfort of the garment(s) | 1 | 2 | 3 | 4 | 5 |
| Overall functionality of the garment(s) | 1 | 2 | 3 | 4 | 5 |
| Overall appearance of the the garment(s) | 1 | 2 | 3 | 4 | 5 |
| Color retention of the garment(s) | 1 | 2 | 3 | 4 | 5 |
| Quality of construction of the garment(s) | 1 | 2 | 3 | 4 | 5 |

Features you liked: _____

What features would you add or subtract from the test gament(s)?

Would you recommend this garment(s) to your agency for standard issue?: **YES** **NO**

If YES - what do we need to do to accomplish this?

If NO, please explain your reasons against this:

Additional Comments: _____

THANK YOU FOR YOUR VALUED INPUT AND COMMENTS