



Product Evaluation Form

Endoscopy / CSSD / Operating Theatre

Facility Name

Department

Address

Address 2

City/Town State Postcode

Evaluator Name

Role / Position

Contact Email

Contact Phone

Product

Product Code

Brand Currently Used

Length of Trial Date of Evaluation

Criteria	Rating (Poor) 1 – 5 (Excellent)					Comment
	1	2	3	4	5	
Ease of Use	1	2	3	4	5	
Fit For Purpose	1	2	3	4	5	
Performance During Procedure	1	2	3	4	5	
Product Quality	1	2	3	4	5	
Packing & Presentation	1	2	3	4	5	
Value for Money	1	2	3	4	5	
Overall Rating	1	2	3	4	5	
Would you recommend or refer this product?	Yes	No	Maybe			
Evaluator Signature	Date					

Please email completed forms to sales@endomed.com.au

