



**healthmark**  
INDUSTRIES CO.  
health care products

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**Product Evaluation Form**

**Product:** UnderGuard for Autoclave Shelves

**Evaluator's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Dept:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Hospital/Facility:** \_\_\_\_\_

**Healthmark Rep:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Evaluation Start Date:** \_\_\_\_\_ **Evaluation End Date:** \_\_\_\_\_

*On a scale of 1 to 4, please rate the following features:*

4 = Excellent      3 = Good      2 = Fair      1 = unacceptable

various sizes meet needs \_\_\_\_\_

product is durable \_\_\_\_\_

Easy TO use \_\_\_\_\_

Staff training and customer support provided during evaluation \_\_\_\_\_

Availability and value of manufacturer's product information and validation \_\_\_\_\_

Manufacturer's written instructions for use were useful \_\_\_\_\_

Overall product rating \_\_\_\_\_

I would recommend the use of this product \_\_\_\_\_

**Comments:** \_\_\_\_\_