



Name:	Role:
Hospital:	Department:
Product: GloShield	Manufacturer: Jackson Medical

Evaluation Criteria

1	Functionally, is the fire and safety risk to patients and staff decreased?	Yes	No
2	Does GloShield reliably protect the patient and staff from the light cable?	Yes	No
3	Does GloShield make your OR safer?	Yes	No
4	Are you willing to continue using GloShield?	Yes	No

After using GloShield, I find it to be: (Please check one the following)

- Acceptable and do not need to further evaluate
- Unacceptable
- Further evaluation needed

Additional Comments:

- I grant permission to use my comments about this product in Jackson Medical marketing and clinical support materials.

Signature: _____ **Date:** _____