



Fußgerechte Sicherheit

# Wearing test result

Company: \_\_\_\_\_ Baak Dealer: \_\_\_\_\_  
 \_\_\_\_\_ Place: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

Article no./Name: \_\_\_\_\_  
 Size: \_\_\_\_\_ fits:  yes  no  
 Date of handout: \_\_\_\_\_ Date of test end: \_\_\_\_\_  
 Previous brand and style: \_\_\_\_\_ / \_\_\_\_\_

Test person: \_\_\_\_\_  M  F  
 Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Dept.: \_\_\_\_\_  
 Orthopedic insoles:  yes  no  
 Special foot characteristics: \_\_\_\_\_

### Wearing period per day

(several answers possible)

- Less than 2 hours
- 2-6 hours
- More than 6 hours

### Type of work:

Sitting	Kneeing	Standing	Walking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Description of working conditions (several answers possible)

#### Floor covering

- concrete floor
- synthetic floor
- metal floor (grids)
- stone floor/tiles
- sand/scree/grassland
- nails/glass/chips
- \_\_\_\_\_

#### Ground conditions

- dry
- humid
- wet
- oily
- petrol
- acids/alkalis
- \_\_\_\_\_

#### Temperatures

- cold (+10° - -20° C)
- normal (+10° - +30° C)
- warm (> +30° C)
- contact temperature (+80° - +300° C)
- \_\_\_\_\_

#### Use of:

- ladders
- shovels/spades
- faeces
- liquid concrete
- \_\_\_\_\_

### How do you assess the Baak safety shoe in comparison with your previous safety shoe?

	worse	equal	better
Fit/Width	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space for toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolling motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damping of the foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slip resistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you buy this tested safety shoe?  yes  no

Remarks/ suggestions for improvement

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you very much for your collaboration and return of the test record to  
**kontakt@baak.de oder Fax 0049 28 34/ 942 41-69**



RECORDED TEST