



Workzsafe Mouse Trial Form

Company Name:	
Product Trial:	ErgoTouch USB Connector
Trial Start Date:	
Trial End Date:	
Number of Test Stations:	
Name of Trial Supervisor:	
Supervisor's Designation:	

This record sheet has been designed to help the company's nominated staff members assess, monitor and record the performance levels of the **ErgoTouch** mouse devices at each of the designated computer stations.

NOTES:

If at anytime a result is deemed inconclusive or difficult to measure, or if you have a question or require support, please forward these enquiries to:

support@ergotouch.co.nz

Like most trials, ours is not based on an exact science but instead designed to help you establish your performance levels and criteria related to each of the individual designated computer users involved in the trial.

The data collected over the trial period will allow you to qualify your current *Code of Practice* related to *Safe Computer Use* and evaluate and implement any and all relative recommendations, amendments, and or variations.

We recommend all operators involved in the trial use the **ErgoTouch** mouse as instructed for a period of two weeks prior to answering the questionnaire and submitting their findings.

Questionnaire Section

Rating Scale

A = Excellent B = Good C = Fair D = Poor E = Inconclusive

Please use the scale above to rate the product and include any written comments within the text boxes provided.

How would you rate your change over process from the standard mouse to the **ErgoTouch** mouse?

You felt the change over process was reasonable?

Enter any written comments here:

How long did it take you to get use to using the **ErgoTouch** mouse?

You thought the time it took was reasonable?

Enter any written comments here:

How do you rate the **ErgoTouch** mouse as compared to the standard mouse you have been using?

Compared to the 'standard' mouse you rate the **ErgoTouch** mouse as?

Enter any written comments here:

Have you noticed any changes or differences to your body posture, and have you felt any change related to muscle tension or strain since you began using the **ErgoTouch** mouse?

You rate your changes and differences as?

Enter any written comments here:

If you are a manager, can you see changes or differences to your staff members postures, and have they felt any change related to muscle tension and or strain since they began using the **ErgoTouch** mouse?

You rate these changes as?

Enter any written comments here:

At this end of your trial period, which mouse would you choose to continue using?

ErgoTouch Mouse

Other Mouse

Your staff members rating here:

ErgoTouch Mouse

Other Mouse

Enter any written comments here:

THANK YOU SINCERELY FOR YOUR TIME