

## Feedback form for new ideas.

Idea / trial evaluated	
Date	

1) How beneficial have you found the trial of the above idea? (1 = no improvement - 5 = totally revolutionary) Tick the most appropriate.

1                      2                      3                      4                      5

2) If there has been an improvement, how could these be described?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3) Do you have a better solution than the suggested scheme?

---

---

---

Further comments

---

---

---

Thank you – your feedback is appreciated.

**STRATA**  

---

**Stand Safe  
Work Comfortably**