

Product Evaluation Form

3M™ Cavilon™ No-Rinse Skin Cleanser

Name of Evaluator	Title	Phone Number	Date
Health Care Facility Name			Department
Sales Representative			

Do you currently use a liquid skin cleanser?

Yes No If so, which brand? _____

Compared to your usual cleanser –	Better Than	Equal To	Worse Than	Not applicable
How effective is Cavilon No-Rinse Skin Cleanser at cleaning stool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How effective is Cavilon No-Rinse Skin Cleanser at cleaning other soil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the gentleness of Cavilon No-Rinse Skin Cleanser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the “after-feel” of Cavilon No-Rinse Skin Cleanser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the scent of Cavilon No-Rinse Skin Cleanser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the overall performance of Cavilon No-Rinse Skin Cleanser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments _____

Would you recommend your facility purchase Cavilon No-Rinse Skin Cleanser?

Definitely Probably No If no, please explain: _____

Please complete and return this evaluation form to your 3M Critical & Chronic Care Solutions Representative.



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