

FOGTECH® INSTRUCTIONS AND EVALUATION

Thank you for evaluating Fogtech®. Please read the following instructions before applying. Once you have used it for one week, please complete the questionnaire and return.

INSTRUCTIONS

1. Clean and dry your optics well. Fogtech is safe on all lenses, even prescription or coated lenses.
2. Tear open the packet and remove the towelette. Do not unfold the towelette.
3. Briskly, with overlapping strokes, paint on a thin, wet coat of Fogtech® onto the fogging side of your optics. There is no need to press hard or to rub until dry!
4. Without touching the coating, let Fogtech® dry for 10 seconds.

Note: Any odor should go away in about 60 seconds or so. Fogtech® washes off with plain water or a damp cloth.

EVALUATION

Name _____ Title _____ Responsibilities _____ Location _____

1. I experience fogging and I am testing on the following Eye Protection. All That Apply

Safety Goggles Safety Glasses Prescription Lenses Mask/Shield/SCBA Other _____

2. How bad is the fogging for you? One Answer from Scale Below

I Always Fog I Fog Quite Often I Fog Sometimes I Rarely Fog I Never Fog

3. Please rate your vision with Fogtech®. One Answer from Scale Below

Perfectly Clear at All Times Clear but Wavy Vision Watery Spots/Streaks Some Fogging Major Fogging

4. How long did Fogtech® last? One Answer from Scale Below

More than 7 days 4 – 7 Days 2 – 3 Days 1 day 4 Hours 2 Hours 1 Hour 30 Min. Did not work

5. When Fogtech® stopped working, what happened? All That Apply

Fogging Streaks Spots Dusty Dirty Smearred Blurry Vision Watery Other: _____

6. Overall, how would you rate Fogtech® on your Eye Protection? Answers from Scale Below

	Excellent	V. Good	Fair	Poor	Comments
Safety Goggles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prescription Lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mask/Shield/SCBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Comments
