



## Purleve – Hygienic Door Handle

### Field Test Survey

The following Survey is designed to help Purleve improve the quality of its products for the end using public. We appreciate you taking the time to fill this out completely and return to us at the end of the test trial. The following survey applies to one unit in one washroom environment. Please circle or provide your answers in blue or black ink. Also, please make any comments necessary to help us provide the best product possible!

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

City, State - Zip \_\_\_\_\_

Phone \_\_\_\_\_

Responsible Party \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Test: \_\_\_\_\_

1. Where the unit was installed, is the washroom accessible to (Circle One):
  - a. The Public and Employees
  - b. Employees Only
  
2. Do you have other no – touch and automated systems in your bathroom? YES NO
  - a. If 'yes', can you list a few (Autoflush, Autosoap, Autofaucets, Auto Towel, Auto Hand drier etc.)
  
3. How many people work in your facility use this washroom each day? \_\_\_\_\_
  
4. On average, how many times does each person use the washroom? \_\_\_\_\_
  
5. How many clients come through your facility each day? \_\_\_\_\_
  
6. How many hours a day is your facility open? \_\_\_\_\_
  
7. How long did it take to install the Purleve Handle on your door? \_\_\_\_\_



HEADQUARTERS

207 E. Buffalo St. #310  
Milwaukee, WI 53202

TELEPHONE

1.877.PURLEVE  
1.414.272.3983

INTERNET

[www.purleve.com](http://www.purleve.com)

8. What were the one or two key issues you experienced in the installation?
9. Was the printed Handle Installation Instruction Manual useful? YES NO
10. How long did it take to install the Pürleve Cartridge Refill? \_\_\_\_\_
11. What were the one or two key issues you experienced in the refill process?
12. Did the Refill work properly each time the door was used? YES NO
- If the answer is NO, please explain:
13. Did the Sleeve ever break? YES NO If so, please explain how it broke (if known).
14. Was the printed Refill Installation Instruction Manual useful? YES NO
15. Did you use the printed Refill Fix Installation Instruction Manual? YES NO
16. What was the most significant challenge fixing the Sleeve?
17. How many days did the refill last before it needed to be changed? \_\_\_\_\_
18. If any, what improvements would you like to see made to this system that would better serve you and the people using your facility?
19. Did your patrons understand the product after using? Yes No
- If not, please explain:
20. Do you feel a placard should be placed near the Handle (on door, Handle plate or wall) for new Handle installations to ensure the public uses product properly? YES NO



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21. Did you have any problems with Vandalism?      Yes                  No

If yes, can you explain?

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Were you able to fix the problem created by vandalism? Yes                  No

If No, why not?

22. Did you remove your current handle or did you install the Handle next to the current handle?

23. Were you satisfied with the operation of the system? YES                  NO

If NO, please explain

24. Were your clients or employees satisfied with the results of this test? YES                  NO

If NO, explain \_\_\_\_\_

25. In order from 1 to 6 (#1 being most important) why would you purchase Pürleve?

- \_\_\_ Improve public health by reducing cross contamination
- \_\_\_ Facility Image
- \_\_\_ Reduce Use of Paper Towel in terms of cost
- \_\_\_ Reduce amount of Paper Waste and Trash on Floor
- \_\_\_ Need a solution and no other good options
- \_\_\_ Restroom Patrons Demand a Solution
- \_\_\_ Green Solution (Recyclable Refill)

Other Comments:

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