



BATLSKIN HEAD PROTECTION SYSTEM

EVALUATION & FEEDBACK FORM

You have been asked to provide feedback on the Galvion Batlskin Head Protection system. This system as shown in the picture above will give the soldier the flexibility to select the right components for his operational needs. For example, the Front Mount will hold NODs devices, and is the mechanism for attaching a ballistic visor and mandible guard.

Please use the Batlskin Head Protection System multiple times in as many different situations as possible to generate your feedback and evaluation.

Your testing of the system with your current NODs gear, weapons and other equipment is specifically what we are interested in hearing about at this time. We're looking forward to incorporating your opinions into our formal feedback loop to ensure that we are constantly improving our products to offer you the best protection possible for your missions.

Please complete this questionnaire (using the instruction booklet for reference as necessary) and scan it back via email to evals@galvion.com.

Date Completing this Evaluation:	Project or Trial Name:
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TESTER OF EVALUATION AND FEEDBACK RESPONSES			
Name:	Rank:	Unit:	
General Military Role (<i>i.e. Spec Ops, Infantry, Weapons Specialist etc</i>):			
Title:	Position:	Country/Military for whom testing:	
Year of Birth:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female

1. TEST CLIMATIC ENVIRONMENT			
Please select all that apply:			
<input type="checkbox"/> Arid Desert Climate	<input type="checkbox"/> Hot and Humid Climate	<input type="checkbox"/> Extreme Cold Conditions	
Please indicate the tests in which the Batlskin Head Protection System was tried and evaluated:			
<input type="checkbox"/> Garrison	<input type="checkbox"/> Field Training	<input type="checkbox"/> Vehicle Operations	<input type="checkbox"/> MOUT/Urban Operations
<input type="checkbox"/> Live Fire/Range	<input type="checkbox"/> CQB	<input type="checkbox"/> Other test conditions that may have applied:	
Core tasks:			
<input type="checkbox"/> Navigation	<input type="checkbox"/> Vehicle Operations	<input type="checkbox"/> Communications	<input type="checkbox"/> Weapons
<input type="checkbox"/> Other:			
Please indicate total time system was used in test/trial:			
<input type="checkbox"/> 1 - 5 hours	<input type="checkbox"/> 6 - 12 hours	<input type="checkbox"/> 1 - 5 days	<input type="checkbox"/> 6 - 14 days
<input type="checkbox"/> Longer than 14 days	Note trial time details if appropriate:		

2. PRODUCT

Please indicate which system you tried based on helmet type:

- Batlskin Viper™ A3 Helmet (ACH shaped, flatter on the top) Batlskin Viper™ P2 Helmet (ACH shaped, flatter on the top) Batlskin Viper™ P4 Helmet (ACH shaped, flatter on the top) Batlskin Cobra™ P2 Helmet (domed shape)

Please indicate the size of helmet and system that you tried:

- Small Medium Large X Large X Large

Please indicate which components of the Batlskin Head Protection System you have used (check all that apply):

- Helmet Helmet Sample Number (see inside helmet for product number): Helmet Cover

- Standard Pad Liner & Harness Modular Suspension System Front Mount Visor

- Interlocking Long Rails Standalone Long Rails Ballistic Mandible Guard Wire Mandible Guard

List any non-Batlskin components, such as Interlocking Long Rails, Standalone Long Rails, NVGs, weapons, communications gear, used with the system during the trial:

List all equipment that came in contact with or integrated with the Batlskin components including eyewear, comms, NVGs, non-Galvion made helmet cover, liner/padset, harness:

3. HELMET FEEDBACK

Please indicate the Helmet satisfaction level: (1 = Extremely Unsatisfactory, 4 = OK, 7 = Extremely Satisfactory)

- Helmet Fit 1 2 3 4 5 6 7
Helmet Comfort 1 2 3 4 5 6 7
Helmet Stability 1 2 3 4 5 6 7
Helmet integration with other equipment 1 2 3 4 5 6 7

List any integration issues with non-Galvion made equipment. Please specify which equipment you were using by brand if possible:

4. PAD LINER & HARNESS FEEDBACK

Please indicate the Helmet satisfaction level: (1 = Extremely Unsatisfactory, 4 = OK, 7 = Extremely Satisfactory)

- Ease of installation 1 2 3 4 5 6 7
Fit 1 2 3 4 5 6 7
Comfort 1 2 3 4 5 6 7
Integration with other equipment 1 2 3 4 5 6 7

Describe any integration issues and list with what equipment you had them:

5. MODULAR SUSPENSION SYSTEM FEEDBACK

NOTE: The system can be adjusted during use by tightening and loosening the dial. Please adjust during trial to maintain both comfort and stability.

Please indicate the system satisfaction level: (1 = Extremely Unsatisfactory, 4 = OK, 7 = Extremely Satisfactory)

- Ease of installation 1 2 3 4 5 6 7

- Adjustment and fit 1 2 3 4 5 6 7

(Adjusting helmet fit using: (1) nape dial to adjust circumference, (2) nape dog legs to adjust height of nape pad and (3) crown net straps to adjust crown height.)



- Thermal Comfort (Suitable air flow, any hot spots) 1 2 3 4 5 6 7

- Physical Comfort (Any pressure or pain) 1 2 3 4 5 6 7

- Stability (Front-to-back and side-to-side stability) 1 2 3 4 5 6 7

- Range of motion (Rotational range of motion, ability to change directions quickly) 1 2 3 4 5 6 7

5. MODULAR SUSPENSION SYSTEM FEEDBACK CONTINUED

Compatibility with communications equipment (<i>Fit of communications equipment under helmet, liner compatible with ear cups, top and nape retention bands</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Compatibility with eyewear (<i>Any interference between arms/goggle straps and liner, ability to don and adjust eyewear, retention of eyewear on head</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Integration with other equipment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

List any integration issues:

6. FRONT MOUNT FEEDBACK

Please indicate the Front Mount satisfaction level: (1 = Extremely Unsatisfactory, 4 = OK, 7 = Extremely Satisfactory)

Ability to change various NVG interfaces in the Front Mount	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Ease of installation (<i>If installed by user</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

List any integration issues:

Describe any integration issues and how you solved them:

List and describe any function issues that you had with the Front Mount:

7. RAIL FEEDBACK

If used please indicate the STANDALONE LONG RAILS ease of use level: (1=Extremely Difficult, 4 = OK, 7 = Extremely Easy)

Use in conjunction with the NVG mount	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Standalone Long Rails' only compatibility with the NVG mount	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

If used please indicate the INTERLOCKING LONG RAILS ease of use level: (1=Extremely Difficult, 4 = OK, 7 = Extremely Easy)

Overall use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Ease of use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Ease of use in conjunction with the Front Mount	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Interlocking Long Rails' only compatibility with the Front Mount	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

8. VISOR FEEDBACK

If used please indicate the Visor ease of use level: (1=Extremely Difficult, 4 = OK, 7 = Extremely Easy)

Attaching Visor to the Front Mount	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
How did you find moving the Visor to each of the three positions:							
Closed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Vented	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Open	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Please indicate the Visor satisfaction level: (1 = Extremely Unsatisfactory, 4 = OK, 7 = Extremely Satisfactory)

Visor optics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Visor anti-fog properties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Visor anti-scratch properties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Did you use other protective eyewear (spectacles) under the visor? Yes No

Did you use other protective eyewear (goggles) under the visor? Yes No

Were there any compatibility issues between the eyewear and the visor? Yes No

If yes, please describe issues:

9. MANDIBLE GUARD FEEDBACK

If used please indicate the Mandible ease of use level: (1=Extremely Difficult, 4 = OK, 7 = Extremely Easy)

Attaching the Mandible Guard attachment to Front Mount	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
Removing the Mandible Guard from the Front Mount	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
Adjusting the Mandible Guard to fit the helmet properly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
Ease of use/w my hydration system	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Please note type of hydration system used:

Adjustments made to Mandible Guard: Strap length	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Adjustments made to Mandible Guard: Attachment plate alignment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Adjustments made to Mandible Guard: Ability of the Mandible Guard to tilt downwards	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Please indicate Mandible satisfaction level: (1 = Extremely Unsatisfactory, 4 = OK, 7 = Extremely Satisfactory)

Mandible Guard was compatible with other equipment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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Did the Mandible Guard tilt downwards improve your field of vision/sight compatibility? Yes No

Did the the Mandible Guard prohibit you eating or drinking? Yes No

List and describe other equipment used when using mandible (example: communication system, hearing protection, weapons)

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10. OVERALL SYSTEM FEEDBACK

Please provide an overall rating on the complete System: (1 = Extremely Unsatisfactory, 4 = OK, 7 = Extremely Satisfactory)

Helmet with pad liner and retention system or MSS, Front Mount, rails, Visor and Mandible Guard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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11. INDIVIDUAL COMPONENT FEEDBACK

Please provide an overall rating on the individual components: (1 = Extremely Unsatisfactory, 4 = OK, 7= Extremely Satisfactory)

Helmet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Helmet Cover	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Standard Pad Liner & Harness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Modular Suspension System	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Front Mount	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Interlocking Long Rails	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Standalone Long Rails	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Visor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Ballistic Mandible Guard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Wire Mandible Guard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

12. RECOMMENDATIONS: IF YOU COULD CHANGE OR MODIFY SOMETHING WHAT WOULD IT BE AND HOW?

Helmet:	
Helmet Cover:	
Standard Pad Liner & Harness:	
Modular Suspension System:	
Front Mount:	
Interlocking Long Rails:	
Standalone Long Rails:	
Visor:	
Ballistic Mandible Guard:	
Wire Mandible Guard:	

12. FEEDBACK

Is there any other feedback or comments that you can provide regarding the performance of the Galvion Batlskin Head Protection System?

Please return as quickly as possible to Galvion via email to: evals@galvion.com

For a shipping return label, please contact customercare@galvion.com or give us a call at 1-866-713-0406

