



CAIMAN HELMET SYSTEM

EVALUATION & FEEDBACK FORM

You have been asked to provide feedback on the Galvion Caiman Helmet system. This system will give the Operator the flexibility to select the right components for their operational needs. For example, the Front Mount will hold NOD devices, and is the mechanism for attaching a ballistic visor.

Please use the Caiman 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 (if applicable):
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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"/> Maritime Climate	<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 Batskin Head Protection System was tried and evaluated:			
<input type="checkbox"/> Maritime Climate	<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:

Caiman Ballistic Helmet Caiman Bump Helmet Caiman Hybrid Helmet

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

Small Medium Large X Large X Large

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

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

Wilcox L4 Shroud Harness Suspension System (Liner and Fitband)

Rails Fixed Arm Visor Dual Latch NVG Arm Visor Bump Mandible Guard

Ballistic Mandible Guard Ballistic Applique

List any non-Caiman components, such as NVGs, weapons, communications gear, used with the system during the trial:

List all equipment that came in contact with or integrated with the Caiman components including eyewear, comms, NVGs:

3. HELMET FEEDBACK

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

Helmet Fit	<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 Comfort	<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 Stability	<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 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 with non-Galvion made equipment. Please specify which equipment you were using by brand if possible:

4. SUSPENSION SYSTEM FEEDBACK

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

Ease of installation	<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
Adjustment and fit (<i>Adjusting helmet fit using: (1) nape dial to adjust circumference and (2) nape dog legs to adjust height of nape pad</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
Thermal Comfort (<i>Suitable air flow, any hot spots</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
Physical Comfort (<i>Any pressure or pain</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
Stability (<i>Front-to-back and side-to-side stability</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
Range of motion (<i>Rotational range of motion, ability to change directions quickly</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 communications equipment (<i>Fit of communications equipment under helmet, liner compatible with ear cups, top +/- rear head 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:

5. WILCOX L4 SHROUD FEEDBACK

Please indicate the Wilcox L4 Shroud satisfaction level: (1 = Extremely Unsatisfactory, 4 = OK, 7 = Extremely Satisfactory)

Ability to change various 1 2 3 4 5 6 7
NVG interfaces in the Shroud Ease of installation (If installed by user) 1 2 3 4 5 6 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 Shroud:

6. RAIL FEEDBACK

Please indicate the Wilcox L4 Shroud satisfaction level: (1=Extremely Difficult, 4 = OK, 7 = Extremely Easy)

Use in conjunction with the NVG mount 1 2 3 4 5 6 7
Rails' only compatibility with the NVG mount 1 2 3 4 5 6 7

7. VISOR FEEDBACK

Please indicate which type of visor you trialed:

Fixed Arm Visor Dual Latch NVG Arm Visor

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

Attaching Visor to the Front Mount 1 2 3 4 5 6 7
Visor optics 1 2 3 4 5 6 7
Visor anti-fog properties 1 2 3 4 5 6 7
Visor anti-scratch properties 1 2 3 4 5 6 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:

8. MANDIBLE GUARD FEEDBACK

Please indicate which mandible guard you used:

Bump Mandible Ballistic Mandible

Please indicate Mandible Guard ease of use level: (1 = Extremely Difficult, 4 = OK, 7= Extremely Easy)

Attaching the Mandible Guard to the Rails 1 2 3 4 5 6 7
Removing the Mandible Guard from the Rails 1 2 3 4 5 6 7
Adjusting the Mandible Guard to fit the helmet properly 1 2 3 4 5 6 7
Mandible Guard was compatible with other equipment 1 2 3 4 5 6 7
Ease of use with hydration system 1 2 3 4 5 6 7

Please note type of hydration system used:

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

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

9. OVERALL SYSTEM FEEDBACK

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

Helmet with Suspension System, Wilcox L4 Shroud, Rails, Visor and Mandible Guard 1 2 3 4 5 6 7

10. 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
Wilcox L4 Shroud	<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
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
Suspension System (Liner & Fitband)	<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
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
Fixed Arm 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
Dual Latch NVG Arm 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
Bump 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
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
Ballistic Applique	<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

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

Helmet:	
Wilcox L4 Shroud:	
Harness:	
Suspension System (Liner & Fitband):	
Rails:	
Fixed Arm Visor:	
Dual Latch NVG Arm Visor:	
Bump Mandible Guard:	
Ballistic Mandible Guard:	
Ballistic Applique:	

12. FEEDBACK

Is there any other feedback or comments that you can provide regarding the performance of the Caiman 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