

Name(s):

Date:

Purposeful Packaging Data Collection

Item being sent:

Criteria

Test Results

Enter your test results on a scale of 1-5 below. (0 = hear/see no movement 5 = object moves a lot/item damaged)

	Drop Test	Toss Test	Shake Test
Design #1			
Design #2			
Design #3			

	Materials Used	Observations During Testing <i>How well did the design meet the criteria and constraints?</i>
Design #1		
Design #2		
Design #3		

How will you improve your design as a result of observations from testing?

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