Packaging Evaluation Sheet

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEIGHT FOR SHIPPING in grams

1. Weight of Product (pringle): \_\_\_\_\_\_\_\_\_\_\_\_\_ g
2. Weight of Packaging Materials: \_\_\_\_\_\_\_\_\_\_\_\_\_ g
3. Total Weight of Product (pringle plus packaging materials): \_\_\_\_\_\_\_\_\_\_\_\_\_ g

LINEAR MEASUREMENTS in cm

1. Length of Package \_\_\_\_\_\_\_\_\_\_\_\_\_ cm
2. Width of Package \_\_\_\_\_\_\_\_\_\_\_\_\_ cm
3. Height of Package (at highest point) \_\_\_\_\_\_\_\_\_\_\_\_\_ cm
4. Total Linear Measurement of Package (length + width + height) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cm

RECYCLABLE MATERIALS

1. Can your packaging materials be recycled? Yes \_\_\_ No \_\_\_ Some \_\_\_
2. Can your packaging materials be compacted? (crushed) Yes \_\_\_ No \_\_\_ Some \_\_\_

SURVIVABILITY TESTS

Drop Test: Drop your package from different heights and answer the following questions:

1. Did your pringle survive a drop from one foot? Yes \_\_\_ No \_\_\_
2. Did your pringle survive a drop from two feet? Yes \_\_\_ No \_\_\_
3. Did your pringle survive a drop from four feet? Yes \_\_\_ No \_\_\_

Stacking Test:

1. Did your pringle survive having a textbook placed on top of the package? Yes\_\_ No \_\_
2. Did your pringle survive having more than one textbook placed on top of the package? Yes\_\_ No \_\_

Impact Test: Have another team throw your package against a wall.

1. Did your pringle survive your package being thrown from 9 feet? Yes \_\_\_ No \_\_\_
2. Did your pringle survive your package being thrown from 6 feet? Yes \_\_\_ No \_\_\_
3. Did your pringle survive your package being thrown from 3 feet? Yes \_\_\_ No \_\_\_

Waterproof test:

1. Did your pringle survive your package being submerged in water for 10 seconds? Yes \_\_\_ No \_\_\_

BUDGET:

1. How much money did your group spend? \_\_\_\_\_\_\_\_\_

20. How many questions did you answer yes to? \_\_\_\_\_\_\_\_\_\_\_

By the end of the period turn this in with both your design and shopping list.