



Tool name

# PROTECTIVE EQUIPMENT

WORK PACKAGE



|  |   |  |                                       |                                       |
|--|---|--|---------------------------------------|---------------------------------------|
|  | <b>Body part protected</b>  | <input type="checkbox"/> Whole body                  | <input type="checkbox"/> Hands        | <input type="checkbox"/> Other: _____ |
|  |   | <input type="checkbox"/> Head                        | <input type="checkbox"/> Feet         |                                       |
|  | <b>Protection against</b>   | <input type="checkbox"/> Antipersonnel mine          |                                       | <input type="checkbox"/> Other: _____ |
|  |   | <input type="checkbox"/> UXO                         |                                       |                                       |
|  | <b>Materials used</b><br>what materials the tool is made of           |  |                                       |                                       |
|  | <b>Other skills</b><br>needed for the user to operate the tool        | <input type="checkbox"/> Good haptic properties      | <input type="checkbox"/> Other: _____ |                                       |
|  |   | <input type="checkbox"/> Info displayed on the visor |                                       |                                       |
|  | <b>Weight</b><br>kg   |  |                                       |                                       |
|  | <b>Size</b><br>length/height/depth in cm                              |  |                                       |                                       |
|  | <b>Complexity</b><br>level of knowledge required to use the tool      |  |                                       |                                       |
|  | <b>Certification</b><br>official certification applicable to the tool |  |                                       |                                       |