

SAFETY NEEDLE or DEVICE EVALUATION FORM # 2

Date: _____ Product: _____ Manufacturer: _____

Number of times used: _____ Number of people participating in evaluation: _____

INSTRUCTIONS: Please circle the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to the product being evaluated. Rate one to five; 1's is good 5's bad or not applicable N/A

QUESTIONS

Rate: 1 = agree/good to 5 = disagree/bad N/A

1.	The safety feature can be activated using a one-handed technique	1	2	3	4	5	N/A
2.	The safety feature <u>does not</u> interfere with normal use of the product	1	2	3	4	5	N/A
3.	Use of this product requires you to use the safety feature	1	2	3	4	5	N/A
4.	This product <u>does not</u> require more time to use than a non-safety device	1	2	3	4	5	N/A
5.	The safety feature works well with a wide variety of hand sizes	1	2	3	4	5	N/A
6.	The device is easy to handle while wearing gloves	1	2	3	4	5	N/A
7.	This device offers a good view of any aspirated fluid	1	2	3	4	5	N/A
8.	This device will work with all required syringe and needle sizes	1	2	3	4	5	N/A
9.	This device offers an alternative to re-capping	1	2	3	4	5	N/A
10.	This product <u>does not</u> require more time to use than a non-safety device	1	2	3	4	5	N/A
11.	This product <u>does not</u> increase the number of sticks to the patient	1	2	3	4	5	N/A
12.	There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated	1	2	3	4	5	N/A
13.	The safety feature operates reliably	1	2	3	4	5	N/A
14.	The exposed sharp is permanently blunted or covered after use and prior to disposal	1	2	3	4	5	N/A
15.	This device is no more difficult to dispose of after use than a non-safety device	1	2	3	4	5	N/A
16.	When using the device is <u>not</u> easy to skip a step needed for proper use	1	2	3	4	5	N/A
17.	The user <u>does not</u> need extensive training for correct operation	1	2	3	4	5	N/A
18.		1	2	3	4	5	N/A

COMMENT or QUESTIONS

Name of the Evaluator: _____ Date Submitted: _____