SAFETY FEATURE EVALUATION FORM
SAFETY SYRINGES

Date: ___________ Department: ___________________ Occupation: ___________________
Product: ___________________ Number of times used: __________

Please circle the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

DURING USE:
1. The safety feature can be activated using a one-handed technique...........................1 2 3 4 5 N/A
2. The safety feature does not obstruct vision of the tip of the sharp............................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 does not 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 does not interfere with uses that do not require a needle.......................1 2 3 4 5 N/A
8. This device offers a good view of any aspirated fluid.............................................1 2 3 4 5 N/A
9. This device will work with all required syringe and needle sizes............................1 2 3 4 5 N/A
10. This device provides a better alternative to traditional recapping...........................1 2 3 4 5 N/A

AFTER USE:
11. There is a clear and unmistakeable change (audible or visible) that occurs when the safety feature is activated.................................................................1 2 3 4 5 N/A
12. The safety feature operates reliably........................................................................1 2 3 4 5 N/A
13. The exposed sharp is permanently blunted or covered after use and prior to disposal........................................................................................................1 2 3 4 5 N/A
14. This device is no more difficult to process after use than non-safety devices............1 2 3 4 5 N/A

TRAINING:
15. The user does not need extensive training for correct operation..........................1 2 3 4 5 N/A
16. The design of the device suggests proper use.........................................................1 2 3 4 5 N/A
17. It is not easy to skip a crucial step in proper use of the device.................................1 2 3 4 5 N/A

Of the above questions, which three are the most important to your safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?