SAFETY FEATURE EVALUATION FORM
HOME USE SHARPS DISPOSAL CONTAINER

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.

The container is puncture resistant ............................................. 1 2 3 4 5 N/A
The container is stable ................................................................. 1 2 3 4 5 N/A
There is a handle which is robust, comfortable to carry, and compact .................. 1 2 3 4 5 N/A
The container allows single handed use ....................................... 1 2 3 4 5 N/A
The user can access the container from any direction ............................. 1 2 3 4 5 N/A
It is possible to drop sharps into the container vertically ............................ 1 2 3 4 5 N/A
Minimal or no force is required to put sharps into the container ....................... 1 2 3 4 5 N/A
The container opens and closes easily .......................................... 1 2 3 4 5 N/A
Container closure maintains integrity after repeated use ............................ 1 2 3 4 5 N/A
The box accommodates a range of sharps, including 12 cc syringe, butterfly,
and lancet ........................................................................... 1 2 3 4 5 N/A
The size of the container is appropriate to its use .................................. 1 2 3 4 5 N/A
No one (including a child) can access the contents of the container to retrieve a
sharp .................................................................................. 1 2 3 4 5 N/A
Needles/tubing do not get caught on the opening or interior shape .................... 1 2 3 4 5 N/A
There is a temporary lock for transport which is secure but reversible ............... 1 2 3 4 5 N/A
There is a permanent lock for final disposal which is not reversible ............... 1 2 3 4 5 N/A
There is an absorbent lining to collect excess fluid .................................. 1 2 3 4 5 N/A
The user can determine the fill level visually ...................................... 1 2 3 4 5 N/A
There is a signal when the box is 2/3 full ........................................ 1 2 3 4 5 N/A
The container is appropriately labeled .......................................... 1 2 3 4 5 N/A
Biohazard of container contents is apparent ........................................ 1 2 3 4 5 N/A
The box is not threatening to patients ............................................ 1 2 3 4 5 N/A
Use of this container in no way compromises infection control practices ......... 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?

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