

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.

agree.....disagree

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 unmistakable 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?