SAFETY FEATURE EVALUATION FORM
I.V. ACCESS DEVICES

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.

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 interfere with normal use of this 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 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 allows for rapid visualization of flashback in the catheter or chamber ... 1 2 3 4 5 N/A
7. Use of this product does not increase the number of sticks to the patient ........ 1 2 3 4 5 N/A
8. The product stops the flow of blood after the needle is removed from the catheter (or after the butterfly is inserted) and just prior to line connections or hep-lock capping .................. 1 2 3 4 5 N/A
9. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated .................. 1 2 3 4 5 N/A
10. The safety feature operates reliably .................. 1 2 3 4 5 N/A
11. The exposed sharp is blunted or covered after use and prior to disposal ........ 1 2 3 4 5 N/A
12. The product does not need extensive training to be operated correctly ........ 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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June Fisher, M.D.
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