

SAFETY FEATURE EVALUATION FORM

VACUUM TUBE BLOOD COLLECTION SYSTEMS



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

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 safety feature works with a butterfly 1 2 3 4 5 N/A
7. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated 1 2 3 4 5 N/A
8. The safety feature operates reliably 1 2 3 4 5 N/A
9. The exposed sharp is blunted or covered after use and prior to disposal 1 2 3 4 5 N/A
10. The inner vacuum tube needle (rubber sleeved needle) **does not** present a danger of exposure 1 2 3 4 5 N/A
11. 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?