

SAFETY FEATURE EVALUATION FORM

I.V. CONNECTORS



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. Use of this connector eliminates the need for exposed needles in connections..... | 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 allows you to collect blood directly into a vacuum tube,
eliminating the need for needles..... | 1 2 3 4 5 N/A |
| 7. The connector can be secured (locked) to Y-sites, hep-locks, and central lines..... | 1 2 3 4 5 N/A |
| 8. A clear and unmistakable change (either audible or visible) occurs when the
safety feature is activated..... | 1 2 3 4 5 N/A |
| 9. The safety feature operates reliably..... | 1 2 3 4 5 N/A |
| 10. The exposed sharp is blunted or covered after use and prior to disposal..... | 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?