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.

		agre	эе			disa	agree
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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