SAFETY FEATURE EVALUATION FORM HOME USE SHARPS DISPOSAL CONTAINER



Date:	Department:	Occupation:
Product:	Number of times used:	
	e most appropriate answer for each of apply to this particular product.	question. Not applicable (N/A) may be used if the
		agreedisagree
The container is	puncture resistant	1 2 3 4 5 N/A
The container is	stable	1 2 3 4 5 N/A
There is a handle	e which is robust, comfortable to care	ry, and compact
The container all	ows single handed use	1 2 3 4 5 N/A
The user can acc	cess the container from any direction	ı
It is possible to d	rop sharps into the container vertica	lly
Minimal or no for	ce is required to put sharps into the	container
The container op	ens and closes easily	12345 N/A
Container closure	e maintains integrity after repeated ι	ıse1 2 3 4 5 N/A
The box accomm	nodates a range of sharps, including	12 cc syringe, butterfly,
		1 2 3 4 5 N/A
The size of the c	ontainer is appropriate to its use	1 2 3 4 5 N/A
No one (including	g a child) can access the contents of	the container to retrieve a
sharp		1 2 3 4 5 N/A
Needles/tubing d	lo not get caught on the opening or i	nterior shape
There is a tempo	orary lock for transport which is secu	re but reversible1 2 3 4 5 N/A
There is a perma	anent lock for final disposal which is	not reversible1 2 3 4 5 N/A
	_	12345 N/A
The user can det	termine the fill level visually	1 2 3 4 5 N/A
There is a signal	when the box is 2/3 full	1 2 3 4 5 N/A
The container is	appropriately labeled	1 2 3 4 5 N/A
	• •	1 2 3 4 5 N/A
The box is not th	reatening to patients	1 2 3 4 5 N/A
Use of this conta	iner in no way compromises infectio	n control practices
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?