

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?