APPENDIX G: SAFETY NEEDLE/SHARPS EVALUATION FORM

Evaluator’s Name: ____________________________  Job Title: ____________________________
Department: ____________________________  Date: ____________________________
Supervisor’s Name: ____________________________  Telephone #: ____________________________
Name of Device: ____________________________  Applications of Device: ____________________________
Name of Manufacturer: ____________________________
Number of Times Used: ____________________________

Please circle the most appropriate answer for each question. A rating of one (1) indicates the highest level of agreement with the statement, five (5) the lowest. Not applicable (NA) may be used if the question does not apply to this product. Please explain all problems with the device in the comments section.

1. The safety feature can be activated using a one-handed technique. ____________
   Agree......Disagree
2. The user’s hands remain behind the needle/sharp until activation of the safety mechanism is complete. ____________
3. The safety feature does not interfere with normal use of this product. ____________
4. Use of this product requires you to use the safety feature. ____________
5. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated. ____________
6. The device is easy to handle while wearing gloves. ____________
7. The device is easy to handle when wet. ____________
8. The device does not require more time to use than a non-safety device. ____________
9. The safety feature operates reliably. ____________
10. The exposed sharp is blunted or covered after use and prior to disposal. ____________
11. The safety feature works well with a wide variety of hand sizes and with a left-handed person as easily as with a right-handed person. ____________
12. Use of this product does not increase the number of sticks to the patient. ____________
13. Sterilization (if applicable) of this device is as easy as a standard device. ____________
14. The product does not require extensive training to be operated correctly. ____________
15. The device can be used without causing more patient discomfort than a conventional device. ____________

Would you recommend using this device? Yes  No

Comments: