SAFETY FEATURE EVALUATION FORM
VACUUM TUBE BLOOD COLLECTION SYSTEMS

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 ques-
tion does not apply to this particular product.

1. The safety feature can be activated using a one-handed technique..............................
   agree...........disagree

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 works with a butterfly.................................................................
   1 2 3 4 5 N/A

7. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated.................................................................
   1 2 3 4 5 N/A

8. The safety feature operates reliably........................................................................
   1 2 3 4 5 N/A

9. The exposed sharp is blunted or covered after use and prior to disposal...............
   1 2 3 4 5 N/A

10. The inner vacuum tube needle (rubber sleeved needle) does not present a danger of exposure.................................................................
    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?