SAFETY FEATURE EVALUATION FORM
DENTAL HANDPIECE DELIVERY 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 question does not apply to this particular product.

1. The delivery system is designed so that it does not obstruct the working range of motion of the operator. ................................................................. 1 2 3 4 5 N/A
2. The delivery system allows for a wide range of operator body sizes....................... 1 2 3 4 5 N/A
3. The delivery system design employed is logical for the size or layout of the operatory, i.e. the constraints of the room do not hinder proper function of the delivery system................................................................. 1 2 3 4 5 N/A
4. The delivery system allows for easy internal access for cleaning, maintenance, etc................................................................. 1 2 3 4 5 N/A
5. Handpieces placed in the delivery system according to directions of the delivery system manufacturer do not create an additional sharps hazard for the operator... 1 2 3 4 5 N/A
6. Suck back is reduced or eliminated by a feature or features of the delivery system......................................................................................... 1 2 3 4 5 N/A
7. Regardless of delivery system design, handpieces can be placed so that exposed burs are prevented from making accidental contact with any part of the operator's body......................................................................................... 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?