

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.

- | | agree.....disagree |
|--|--------------------|
| 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?