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 ques-
tion does not apply to this particular product.

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?