

Date:

Job Title:

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.

<b>During Use:</b>	<b>Agree Disagree</b>					
The safety feature can be activated using a one-handed technique.	1	2	3	4	5	N/A
The safety feature <b>does not</b> interfere with normal use of product.	1	2	3	4	5	N/A
Use of this product requires you to use the safety feature.	1	2	3	4	5	N/A
This product <b>does not</b> require more time to use than a non-safety device.	1	2	3	4	5	N/A
The safety feature works well with a wide variety of hand sizes.	1	2	3	4	5	N/A
The safety feature works with a butterfly.	1	2	3	4	5	N/A
There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated.	1	2	3	4	5	N/A
The safety feature operates reliably.	1	2	3	4	5	N/A
The exposed sharp is permanently blunted or covered after use and prior to disposal.	1	2	3	4	5	N/A
The inner vacuum tube needle (rubber sleeved needle) <b>does not</b> present a danger of exposure.	1	2	3	4	5	N/A
The product does not need extensive training to be operated correctly.	1	2	3	4	5	N/A

Of the above questions, which 3 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?

**ATTENTION:** Printed copies should be used with caution.

The user of this document must ensure the current approved version of the document is being used.