College of Charleston
Safe Needle/Sharps Evaluation Form

Evaluator's Name: ____________________________  Job Title: ____________________________

Department: ____________________________  Date: ____________________________

Supervisor's Name: ____________________________  Phone #: ____________________________

Name of Device: ____________________________

Name of Manufacturer: ____________________________

Applications of Device: ____________________________

Number of Times Used: ____________________________

Instructions: Please circle the most appropriate answer for each question. A rating of one (1) indicates the highest level of agreement with the statement, five (5) the lowest. Not applicable (NA) may be used if the question does not apply to this product. Please explain all problems with the device in the comments section.

1. The safety feature can be activated using a one-handed technique. 1 2 3 4 5 NA

2. The user's hands remain behind the needle/sharp until activation of the safety mechanism is complete. 1 2 3 4 5 NA

3. The safety feature does not interfere with normal use of this product. 1 2 3 4 5 NA

4. Use of this product requires you to use the safety feature. 1 2 3 4 5 NA

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

6. The device is easy to handle while wearing gloves. 1 2 3 4 5 NA
7. The device is easy to handle when wet.  1  2  3  4  5 NA
8. The device does not require more time to use than a non-safety device.  1  2  3  4  5 NA
9. The safety feature operates reliably.  1  2  3  4  5 NA
10. The exposed sharp is blunted or covered after use and prior to disposal.  1  2  3  4  5 NA
11. The safety feature works well with a wide variety of hand sizes in addition, with a left-handed person as easily as with a right-handed person.  1  2  3  4  5 NA
12. Use of this product does not increase the number of sticks to the patient.  1  2  3  4  5 NA
13. Sterilization (if applicable) of this device is as easy as a standard device.  1  2  3  4  5 NA
14. The product does not require extensive training to be operated correctly.  1  2  3  4  5 NA
15. The device can be used without causing more patient discomfort than a conventional device.  1  2  3  4  5 NA
16. Would you recommend using this device? Yes No

Comments:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

NOTE: Send one copy of this evaluation form to CofC EHS Office. Hand deliver to RSS bldg., Room # 115; fax to 843-953-3927 or email to beaverr@cofc.edu. Retain the original form for your records.