

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.

Agree...Disagree

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

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| 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.