



NEEDLE DESTRUCTION DEVICE EVALUATION FORM

Date: _____ Department: _____
 Evaluator: _____ 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 device destroys a needle and removes it from waste stream.	1 2 3 4 5 N/A
2 This device provides a better alternative to traditional needle removal processes.	1 2 3 4 5 N/A
3 The device is easy to use.	1 2 3 4 5 N/A
4 The device works well with a wide variety of hand sizes.	1 2 3 4 5 N/A
5 The device is easy to use while wearing gloves.	1 2 3 4 5 N/A
6 The device can be used by either right or left handed clinicians.	1 2 3 4 5 N/A
7 The user does not need extensive training for correct use of the product.	1 2 3 4 5 N/A
8 The product is suitable for a range of uses across a variety of patient populations.	1 2 3 4 5 N/A
9 The user's hands are protected from the sharp at all times.	1 2 3 4 5 N/A
10 The device provides audible and visual feedback that the safety feature has been activated.	1 2 3 4 5 N/A
11 The device operates reliably.	1 2 3 4 5 N/A
12 The design of the product suggests proper use.	1 2 3 4 5 N/A
13 Use of the product requires you to use the safety feature.	1 2 3 4 5 N/A
14 The device has an undefeatable safety feature that provides permanent coverage of the sharp.	1 2 3 4 5 N/A
15 The use of the device does not expose the user to other safety concerns.	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 features of this product?

Conclusions: _____

