



TUBES AND CONTAINERS 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 tube or container is made of plastic.	1 2 3 4 5 N/A
2 This device provides a better alternative to traditional product made out of glass.	1 2 3 4 5 N/A
3 This product is no more difficult to use than traditional winged needles and requires no additional time.	1 2 3 4 5 N/A
4 The product works well with a wide variety of hand sizes.	1 2 3 4 5 N/A
5 The product is easy to handle while wearing gloves.	1 2 3 4 5 N/A
6 The product can be used by either right or left handed clinicians.	1 2 3 4 5 N/A
7 The safety feature of the product does not cause interference with the procedure.	1 2 3 4 5 N/A
8 The user does not need extensive training for correct use of the product.	1 2 3 4 5 N/A
9 The product is suitable for a range of uses across a variety of patient populations.	1 2 3 4 5 N/A
10 The safety feature of the product is a passive feature; it requires no intervention on the part of the clinician to activate.	1 2 3 4 5 N/A
11 The user's hands are protected from a sharp at all times.	1 2 3 4 5 N/A
12 The product operates reliably.	1 2 3 4 5 N/A
13 The design of the product suggests proper use.	1 2 3 4 5 N/A
14 Use of the product requires you to use the safety feature.	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: _____
