Safety Syringe Evaluation Form

Name of Office: _____

Date: _____ **Name of Device**: _____

Names and Titles of Evaluators:

Please circle the correct number for each answer:	**Agree……. Disagree**
The device can be activated using a one-handed method	1 2 3 4 5 N/A
The device does not obstruct visibility of the needle tip or the injection site	1 2 3 4 5 N/A
If you use this product, you must use the safety feature	1 2 3 4 5 N/A
The product is well made and does not easily break or come apart with normal handling	1 2 3 4 5 N/A
The product does not require more time to use than a normal syringe	1 2 3 4 5 N/A
The device works well with different hand sizes	1 2 3 4 5 N/A
The device is easy to handle while wearing gloves	1 2 3 4 5 N/A
The device is easy to use when wet	1 2 3 4 5 N/A
The device used standard anesthetic carpules and it is not difficult to change carpules	1 2 3 4 5 N/A
The device allows recapping if the needle is bent	1 2 3 4 5 N/A
The device accepts standard needles and needles may be changed easily	1 2 3 4 5 N/A
Sterilization of this device is as easy as a standard syringe	1 2 3 4 5 N/A
The needle on this syringe will not break while bending and repositioning in the tissue	1 2 3 4 5 N/A
This device is as easy to break down for sterilization as a traditional syringe (needles and carpules are easily removed)	1 2 3 4 5 N/A
This device is reliable	1 2 3 4 5 N/A
The cover locks into place once activated, so the syringe cannot be reused	1 2 3 4 5 N/A
Users can learn to operate the product easily	1 2 3 4 5 N/A
Is it easy to tell when the safety feature is activated	1 2 3 4 5 N/A
The product does not increase patient discomfort	1 2 3 4 5 N/A
This device is widely available and easy to obtain	1 2 3 4 5 N/A
The safety feature gets in the way during use	1 2 3 4 5 N/A

This device is a better alternative than the current syringe I am using: ____Yes ____ No

I feel that this device is a safer alternative than the current syringe I am using: ____ Yes ____ No

Comments: