

ANNUAL NEEDLE SAFETY EVALUATION

INSTRUCTIONS:

1. The facility should list all of the current needle safety devices in column two (2). This information should include the name of the safety device and the manufacturer.
2. This form should then be distributed to nonmanagement personnel for evaluation of the needle safety device.
3. After receiving the completed survey, the facility should tally the results and evaluate new products if necessary. The results of this survey should be documented in your quality improvement (QI) meeting minutes at least annually.
4. If at any time during the year, the facility looks at different needle safety devices, documentation should be included in your QI meeting minutes.

ITEM #	SHARP DEVICE NAME	YES	NO	COMMENTS <small>What problem are you having with this safety device?</small>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

NOTE:

YES = This sharp device is working fine and I'm comfortable with it. I do not see a reason to make any changes.

NO = I am not comfortable with this safety device, and I would like another product to be evaluated.

EMPLOYEE COMPLETING THIS FORM:

NAME _____ DATE _____

TITLE _____