Safety Feature Evaluation Form LeEject Syringe

Date: _		Department:	Occupation:						
Product: Number of times used:									
	rcle the most appropriate rticular product.	e answer for each question	ı. Not applicable (N/A) may be used if th	ie q	ues	tio	n d	oes	s not apply
DURING	USE:			Αg	gree		[Disa	agree
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	The safety feature does Use of this product requ This product does not r The safety feature work The device is easy to ha This device does not in This device offers a goo This device will work wi This device provides a b	s not obstruct vision of the uires you to use the safety require more time to use the swell with a wide variety of andle while wearing gloves sterfere with uses that do not view of any aspirated fluith all required syringe and	anded techniquetip of the sharp	. 1 . 1 . 1 . 1 . 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3 3	4 4 4 4 4 4	5 5 5 5 5 5 5	N/A N/A N/A N/A N/A N/A N/A N/A
11. 12. 13.	There is a clear and unm when the safety feature The safety feature opera The exposed sharp is pe This device is no more of	ates reliablyermanently blunted or cove	le or visible) that occurs ered after use and prior to disposale than non-safety devices	1 1	2	3	4 4	5 5	N/A N/A
15. 16.	The user does not need. The design of the device	e suggests proper use	rect operationthe device	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/utility of this product?



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Lefject®Syringe & Needle

Dental Safety Device

Distributer Manufacturer:

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