

Granville Health System Product Evaluation Form

Please Return Form to Materials Management

Date:				Department:			
Product Information				Personnel and Procedure			
Product Name:				Procedure:			
Manufacturer:				Evaluator Name:			
Catalog Number:				Evaluator Position			
Product Description as Needed:				<input type="checkbox"/> Physician		<input type="checkbox"/> Nurse	
This product will replace:				<input type="checkbox"/> OR Nurse		<input type="checkbox"/> Nurse Assistant	
Hours of Training on Product:				<input type="checkbox"/> Technician		<input type="checkbox"/> Surgeon	
<input type="checkbox"/> 15 min. < <input type="checkbox"/> 30 min. < <input type="checkbox"/> 1 hr. < <input type="checkbox"/> 1 hr. >				<input type="checkbox"/> Other: _____			
Please check appropriate box related to the below issues where they apply.				N/A	Very Poor	Poor	Good
				Very Good	Excellent		
Patient Safety							
Team Member Safety							
Ease of Use							
Infection Control Concerns							
Durability of Product							
Product Effectiveness							
Perceived Impact on Technique or Use During Procedure							
Device Compatibility with Other Products							
Ease of Device Removal (if necessary)							
Packaging							
Patient Satisfaction							
Clinical Outcome							
Adequacy of Training on Product							
Ease of Training on Product							
I believe this product to be: (Check only one)				<input type="checkbox"/> Clinically Superior		<input type="checkbox"/> Clinically Acceptable	
				<input type="checkbox"/> Clinically Unacceptable			
If deemed to be Clinically Unacceptable, please write a comment stating why it was not clinically acceptable.							
Comments: _____							

Additional Comments on any Aspect of the Product: _____							

