

B&B Medical Technologies
B&B NeO2-Safe™ Product Evaluation

Hospital: _____

Unit: _____

RCP/RN: _____

Date: _____

Please rate the performance of the B&B NeO2-Safe according to the following criteria:

5 = Exceptional

2 = Poor

4 = Very Good

1 = Unacceptable

3 = Good

0 = Not Able to Rate

Return the Completed Evaluation form to the Product Evaluation Coordinator – Thank You

Suction Procedure	Instillation Procedure
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Feature	Rating							Total	Comments
	5	4	3	2	1	0			

Ease of Use in Clinical Area									
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Ease of Set Up & Application									
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Ease of Catheter Insertion									
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Maintain Ventilation during Procedure									
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Maintain PEEP during Procedure									
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Patient Comfort									
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Overall Performance									
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Total (add all ratings/divide by 7)									
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Does the NeO2-Safe meet your patient and clinical needs?

Yes No Because _____

Does the NeO2-Safe save time?

Yes No Because _____

How many times did you apply the NeO2-Safe during the evaluation? _____

Additional Comments