

ANESTHESIA CIRCUITS

To ensure the safety and performance of our products, AirLife[®] would like your feedback on our circuits.

Please complete the evaluation form after using the product.

DATE	
FACILITY / HOSPITAL	
NAME + TITLE	
DEPARTMENT	

CIRCLE ONE FOR EACH STATEMENT	YES	NO	IF NO, PLEASE EXPLAIN
Was the anesthesia circuit complete with all the necessary components?	Yes	No	
Was the length of the circuit acceptable?	Yes	No	
Was the circuit clinically acceptable?	Yes	No	

ADDITIONAL COMMENTS: