

LARYNGOSCOPE PRODUCT EVALUATION

DATE _____

FACILITY / HOSPITAL _____

NAME + TITLE _____

DEPARTMENT _____

PRODUCT NAME _____

ITEM CODE _____

LEVEL OF AGREEMENT (CIRCLE ONE FOR EACH STATEMENT)	1 VERY POOR	2 POOR	3 FAIR	4 GOOD	5 VERY GOOD
Quality of light source	1	2	3	4	5
Anatomy differentiation	1	2	3	4	5
Quality of blade material	1	2	3	4	5
Strength of engaged connection	1	2	3	4	5
Ease of use	1	2	3	4	5

ADDITIONAL COMMENTS:
