

# AIRFLOW™ MANUAL RESUSCITATOR

To ensure the safety and performance of our products, AirLife® would like your feedback on our manual resuscitation portfolio.

Please complete the evaluation form after using the product.

DATE \_\_\_\_\_

FACILITY/HOSPITAL \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_

REF NUMBER \_\_\_\_\_

SAMPLE NUMBER \_\_\_\_\_



## LEVEL OF AGREEMENT (CIRCLE ONE FOR EACH STATEMENT)

The performance of the AirFlow manual resuscitator is equivalent to or better than the current product	YES	NO	N/A
The visual indication of the manometer is equivalent to or better than the current product	YES	NO	N/A
The sampling port functioned as anticipated	YES	NO	N/A
The bag body functioned as well as or better than my current bag	YES	NO	N/A
The overall performance of the AirFlow manual resuscitator is clinically acceptable	YES	NO	N/A
The pre-attached accessories (peep, filter) contribute to improved workflow efficiency and save times compared to dropped in accessories	YES	NO	N/A

## ADDITIONAL COMMENTS:

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