

## CO<sub>2</sub> ABORBERS

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

Please complete the evaluation form after using the product.

DATE \_\_\_\_\_

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

NAME + TITLE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_



### LEVEL OF AGREEMENT

(CIRCLE ONE FOR EACH STATEMENT)

Did the canister seat well on the machine and pass the leak test?

Yes

No

Was the duration equivalent to or better than your current product?

Yes

No

Is the absorber clinically acceptable?

Yes

No

### ADDITIONAL COMMENTS:

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