

SAFET™ 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 + TITLE _____

DEPARTMENT _____

REF NUMBER _____ SAMPLE NUMBER _____

WHAT COMPETITIVE PRODUCT ARE YOU USING? _____



LEVEL OF AGREEMENT

(CIRCLE ONE FOR EACH STATEMENT)

The performance of SafeT is equivalent or better than current product.	Yes	No
The visual indication of the monomer is equivalent to or better than the current product.	Yes	No
The controller functioned as anticipated.	Yes	No
The PEEP functioned as anticipated.	Yes	No
The overall performance of SafeT is clinically acceptable.	Yes	No

ADDITIONAL COMMENTS:
