

B&B Medical Technologies
E.T. Tape II™ Product Evaluation

Hospital: _____

Unit: _____

RCP/RN: _____

Date: _____

Please rate the performance of the B&B E.T. Tape II™ according to the following criteria:

5 = Exceptional

2 = Poor

4 = Very Good

1 = Unacceptable

3 = Good

0 = Not Able to Rate

Return the Completed Evaluation form to your Product Evaluation Coordinator – Thank You

Oral Application	Nasal Application
-------------------------	--------------------------

Performance Factors	Rating							Comments
	5	4	3	2	1	0	Total	

Ease of Use in Clinical Unit								
------------------------------	--	--	--	--	--	--	--	--

Complete Package								
------------------	--	--	--	--	--	--	--	--

Ease of Application								
---------------------	--	--	--	--	--	--	--	--

Stability of ET Tape II								
-------------------------	--	--	--	--	--	--	--	--

Patient Comfort								
-----------------	--	--	--	--	--	--	--	--

Ease of Removal								
-----------------	--	--	--	--	--	--	--	--

Overall Performance								
---------------------	--	--	--	--	--	--	--	--

Total (add all ratings/divide by 7)								
-------------------------------------	--	--	--	--	--	--	--	--

Does the ET Tape II meet your patient and clinical needs?

Yes No Because _____

Does the ET Tape II save time?

Yes No Because _____

How many times did you apply the ET Tape II during the evaluation? _____

Additional Comments