

**B&B Medical Technologies
B&B NeO2-Safe™ Product Evaluation**

Hospital: _____

Unit: _____

RCP/RN: _____

Date: _____

Please rate the performance of the B&B NeO2-Safe 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 the Product Evaluation Coordinator – Thank You

Suction Procedure	Instillation Procedure
--------------------------	-------------------------------

Feature	Rating							Total	Comments
	5	4	3	2	1	0			

Ease of Use in Clinical Area									
------------------------------	--	--	--	--	--	--	--	--	--

Ease of Set Up & Application									
------------------------------	--	--	--	--	--	--	--	--	--

Ease of Catheter Insertion									
----------------------------	--	--	--	--	--	--	--	--	--

Maintain Ventilation during Procedure									
---------------------------------------	--	--	--	--	--	--	--	--	--

Maintain PEEP during Procedure									
--------------------------------	--	--	--	--	--	--	--	--	--

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

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

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

Does the NeO2-Safe meet your patient and clinical needs?

Yes No Because _____

Does the NeO2-Safe save time?

Yes No Because _____

How many times did you apply the NeO2-Safe during the evaluation? _____

Additional Comments