

**Documentation Checklist for Engineering Control Selection
Patient Care Products to Reduce/Eliminate Bloodborne Pathogen Exposures**

Date:

Product Name and

Number: Manufacturer:

Usage (check applicable box):

IV	
Blood Drawing	
Subcutaneous or Intramuscular	
Misc.	

Device Selection Criteria (check box if applicable):

Required	Safety device to protect needle from point of use to sharps container	
Required	Safety device is integral with product	
Required	Hands remain behind the sharp while activation	
Required	User can easily identify activated device	
Required	Safety device cannot be deactivated	
Required	Safety device can be activated one handed	
Required	Safety device is easily activated and practical	
Desirable	Needle-less	
Desirable	Passive safety device	
Acceptable	Active safety device	

Recommended to Value Analysis Advisory Board for consideration (YES or NO): Date recommended or rejected:

If no, why was product rejected?

Comments: