



Consumable Equipment Evaluation Sheet

Equipment Company Name	
Consumable Equipment Being Evaluated Name and Model/Part Number	
Evaluators Name	
Evaluators Place of Work	

	SCORING CATEGORY PLEASE TICK BOXES	1	2	3	4	5	Total score	Comments
A	CLINICAL EVALUATION	VPoor	Poor	Satis	Good	VGood		
1	Simplicity of setting up							
2	Ease of general use							
3	Clinical Safety Features							
4	Overall Weight							
5	Mobility/Connections							
6	Pre Use Checks and Tests							
7	Cost of all Disposables per unit price							
8	Clinical Training and Support							
9	Any Clinical Limitations identified							
10	Any Nursing Limitations Identified							
11	If you aware of any better systems available on the market please state in comments box							
X	SCORE TOTALS FOR OFFICE USE ONLY							