

Syringe Safety Score Card

Facility Name: _____

Completed By: _____

Date: _____

			Before safety program implementation	After safety program implementation		
			(Time Period) _____	(Time Period) _____	(Time Period) _____	(Time Period) _____
Syringe type purchased	Safety grading	Formula				
Standard syringe	Unsafe	A				
Syringe with guard	Active	B				
Spring-loaded syringe	Passive	C				
Total syringes		A+B+C				
Overall Safety Score		$B+C/A+B+C$				
Active Safety Score		$B/A+B+C$				
Passive Safety Score		$C/A+B+C$				

Has the Overall Safety Score improved? YES NO

Has the Passive Safety Score improved? YES NO