

Post Market Surveillance (PMS)

Preparation for Use Survey



Thank you for taking the time to complete our short survey.
Your feedback is important to us and will be used to further improve our products and services.

Customer Name	Product Code
Title/Rank/Profession	Product Description
Organisation Name	
Contact Number	Date of Supply
Email address	

Please tick

1. Was the device in good condition when received? YES ☐ NO ☐

If NO has this been reported back to us? Please explain

2. Does the 'Instructions for Use' supplied with the device contain all the information you need? YES ☐ NO ☐

If NO please explain

3. Was the device cleaned and sterilised in accordance with HTM 01-01? YES ☐ NO ☐

If NO what process was used?

4. Did the device suffer any adverse reaction to processing as above? YES ☐ NO ☐

If YES did the ph exceed 12.5ph?

5. Do you have any further comments? YES ☐ NO ☐