# APhA’s Injection Technique Assessment Form

Your Name (Please Print)          Date

**Faculty Evaluation**

*When administering an injection, the participant should demonstrate all of the following:*

- Uses appropriate syringe size
- Inserts needle to hub in smooth motion
- Uses appropriate needle gauge
- Withdraws needle appropriately
- Uses appropriate needle length
- Activates safety mechanism appropriately
- Selects proper injection site
- Disposes syringe in sharps container immediately
- Prepares injection site properly
- Provides proper injection site care
- Stabilizes patient during injection
- Maintains a clean and sterile work space
- Holds syringe appropriately
- Documents injection appropriately (see below)

Recipient’s Name (Injection Assessment Partner)    (Please Print)

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Vaccine Given</th>
<th>Vaccine</th>
<th>Lot #</th>
<th>Manufacturer</th>
<th>Dose</th>
<th>Route</th>
<th>Site</th>
<th>Vaccine Information Statement (VIS)</th>
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<td>Date on VIS</td>
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Signature of Immunizing Pharmacist (Your Signature)    Title

☐ Technique is acceptable       ☐ Participant needs additional training

Evaluator Signature    Evaluator (Print Name)    Date