TULANE UNIVERSITY DEPARTMENT OF BIOMEDICAL ENGINEERING
BME SENIOR TEAM DESIGN PROJECT JUDGING FORM
March 12, 2005

Judge ___________________________ Team ___________________________

================================================================================
Scale: 1 = Bad 2 = Poor 3 = Average 4 = Good 5 = Excellent
================================================================================
Judges: Please respond to each item. Circle response and write in comments as fitting. Note that 3 is an average rating, not a bad one. It doesn’t matter if you score hard or easy, but consistency of standard is necessary for project comparison. Please use the full scale--some designs will be great in some areas and poor elsewhere. Comments provide important feedback for both the students and the instructors, so do not spare the pen.

Function

1. Are the needs or problems of the client identified and addressed appropriately? ........................................... 1 2 3 4 5

2. Will the device or system function in a useful manner for the client? Will it be used regularly? ........................................... 1 2 3 4 5

Aesthetics/Acceptability

3. How suitable is the device or equipment for use in its intended setting? Is it aesthetically pleasing and appropriate with respect to its function? ........................................... 1 2 3 4 5

4. How cost effective is the device? Does the design return value for the trouble it causes? ........................................... 1 2 3 4 5

Safety/Design

5. Has safety to user or others been adequately addressed? ........................................... 1 2 3 4 5

6. Is the design durable? Will it tolerate reasonably expected mishaps, rigors of use, and environmental conditions? ........................................... 1 2 3 4 5

7. How easily can the device be repaired? Is periodic maintenance required? Is the cost of operation reasonable? ........................................... 1 2 3 4 5

Quality and Evaluation

8. What is the overall quality of the device, equipment, or system as presented today? ........................................... 1 2 3 4 5

9. How well did the team explain the use and design of the device or system? ........................................... 1 2 3 4 5

10. Rate the quality of the team’s plan to evaluate its product. Have they established a scale? Can they put numbers on it? How complete is the process? ........................................... 1 2 3 4 5

Additional comments on back of this form? [ ] Yes, [ ] No.