



It's your story. We're listening.

Safety/Orientation Checklist

This safety/orientation checklist is to be completed by the supervisor/leader or designee with the student prior to or on the first day of training. Once completed, the original should be sent to the students' school instructor/coordinator.

Student Name

Facility

Unit/Zone

School & Program: _____

Review all items listed below as appropriate. The **supervisor/leader or designee's** initials are to be placed beside each item.

Safety/Orientation	Date	Initials
Use and location of personal protective equipment		
Emergency codes and team member, contractor, or student's role in each code; Proper use of elevators during a fire or disaster; location of unit flashlights & emergency lighting		
Code 6- Care of agitated patient or visitor. What is the role of the employee		
Electrical safety; red outlets		
Fire safety: location of evacuation and exit routes, extinguishers fire alarm pulls and other fire safety equipment in area (i.e., fire blankets, shower) and review of R.A.C.E. and P.A.S.S.		
Explain reporting of injuries and other variances or occurrences		
Location and purpose of M.S.D.S. (Material Safety Data Sheets) and Exposure Control Plan		
Location of equipment; patient lift equipment, location of department equipment, inspection and safety of equipment (how to report failure and make sure that PM is current)		
Oxygen tank safety; storage and proper handling of oxygen tanks		
Location and use of eyewash station and spill kit (if applicable)		
Location, purpose, and procedure for Medical Gas Shutoff Valves (if applicable)		
Review of sharps safety information and devices (if applicable)		
Chemotherapeutic agent safety (if applicable)		
Ionizing Radiation (if applicable)		
Isolation Rooms; Isolation precautions and isolation types (if applicable)		
Bathroom keys		
Daily safety checks; Crash cart, Defibrillator, Refrigerators, Warmers (Circle what is applicable)		
Negative Pressure Rooms-AIRR Airborne infection isolation Room (if applicable)		
Hazardous material; What is the difference between Hazardous and Bio-hazard material. (Circle what is applicable). Review which type of material employee will have contact with.		
Press Ganey, Customer Service		
Blueprint; KIQs, Department PI		
Waived testing (glucometer, ISTAT, Hemachron, Urine dip-stick) if applicable		
Hand-off communication (what is used on that specific unit) if applicable		
Location of staff eating areas/staff bathrooms		

I verify that the above items have been completed

New Team member, contractor, student signature

Date

Supervisor/leader or designee signature

Date

Must be completed the first day on unit/department. After completion, please return to school instructor/coordinator. To be kept on file at the school.