NEW EMPLOYEE SAFETY / ENVIRONMENT OF CARE ORIENTATION FORM

NOTE: Check items applicable to work to be performed and place in part IV of the employees's Individual Training Record

Check One: ☐ New Employee ☐ Transferee	DEPARTMENT:	DATE:
NAME:		GRADE/RANK:

THE ABOVE NAMED EMPLOYEE HAS RECEIVED INSTRUCTION IN THE TOPICS CHECKED BELOW

TOPIC COVERED	YES / N/A	TOPIC COVERED	YES / N/A
1. Explain responsibilities, standard operating procedures and work practices for this DEPARTMENT		4. Hazardous Materials / Waste 4a. How to add HAZMAT to the AUL	
2. Explain location of and how to use:		4b. Spill procedures	
2a. Safety Data Sheets (SDS) , Authorized Use List (AUL) and MSDS On-Line (Desktop)		4c. Chemical waste disposal	
2b. Applicable instructions (safety, emergency preparedness, security, etc)		4d. Medical waste disposal	
2c. R.A.C.E.		5. Emergency preparedness 5a. Departmental procedures for all codes	
2d. P.A.S.S.		5b. Emergency phone numbers	
2e. Safety bulletin board - location & what is posted on them		6 Fire Safety / Fire Prevention (what to look for in the department, i.e., clear passageways, etc.)	
2f. Emergency and Operations Actions Summary Chart		7. Medical Equipment Reporting procedures / clinical intervention	
2g. Security procedures		8. Utility Systems 8a. Reporting procedures for failures	
2h. Manufacturer's Operator Manuals for Medical Equipment		8b. Emergency shut off's	
2i. Patient Lifts / Transfer		9. Patient Safety 9a. Patient call systems	
2j. Keys for patient rest rooms		9b. In-patient fall prevention	
3. Safety 3a. Medical Referral Form		10. Signature required for item below:	
3b. Safety Injury / Incident Report Form		Occupational Hazard-by-Location Form (DIFFERENT FOR EACH DEPARTMENT)	
3c. Unsafe / Unhealthful Working Conditions Report Form			
3d. Smoking Policy		11. Specialty programs (fork truck operator, laser, lock out / tag out)	
3e. Occupational Hazard-by-Location Forms			
3f. Documentation for Disruptive Behavior			
3g. Industrial Hygiene Reports (ergonomic stressors, reproductive hazards)			

EMPLOYEE SIGNATURE	SUPERVISOR SIGNATURE	DEPARTMENT HEAD SIGNATURE
PRINT NAME	PRINT NAME	PRINT NAME