

DEPARTMENT ORIENTATION CHECKLIST					
CIVILIAN	MILITARY	RATE/RANK		NAME(LAST,FIRST,MI)	
DEPARTMENT		DUTY TITLE		DATE OF ASSIGNMENT	
DISASTER PREPARED/EMERGENCY PROCEDURES THIS SECTION MUST BE COMPLETED BY MEMBERS THIRD DUTY DAY					
	DATE / INT		DATE / INT		DATE / INT
CARDIAC ARREST <b>CODE BLUE</b>		INFANT/ CHILD ABDUCTION <b>CODE PINK</b>		BOMB THREAT <b>CODE BLACK</b>	
OBSTETRIC EMERGENCY <b>CODE PURPLE</b>		ARMED INTRUDER/ ACTIVE SHOOTER <b>CODE WHITE</b>		FIRE <b>CODE RED</b>	
VIOLENT PERSON <b>CODE GREEN</b>		HAZMAT SPILL/RELEASE <b>CODE ORANGE</b>		DISASTER PLAN/MASS CASUALTY <b>CODE GRAY</b>	
UTILITY OR INFRASTRUCTURE FAILURE <b>CODE YELLOW</b>		RADIOACTIVE MATERIAL <b>CODE MAGENTA</b>		LOST OR ELOPED CHILD/ADULT <b>CODE SILVER</b>	
RECALL BILL ESSENTIAL/NON-ESSENTIAL PERSONAL		DEPARTMENT LAYOUT PRIMARY AND SECONDARY EXITS		FIRE BILL/ EVACUATION PLAN	
LOCATION OF FIRE EXTINGUISHERS AND ALARM PULL STATIONS					
COMMAND WIDE INFORMATION TO BE COMPLETED WITHIN 90 DAYS OF ASSIGNMENT DATE					
	DATE / INT		DATE / INT		DATE / INT
COMMAND POLICIES AND INSTRUCTIONS		PLAN OF THE DAY		COMMAND/MISSION/ VISION/STRATEGIC GOALS	
CO'S POLICY EEO/ FRATERNIZATION/ SEXUAL HARASSMENT		JOINT COMMISSION PERFORMANCE IMPROVEMENT QUALITY MANAGEMENT		PATIENT SAFETY GOALS SENTINEL EVENTS MISHAP REPORT PROCESS	
PARKING REGULATIONS		FOOD FACILITIES HOURS OF OPERATION AFTER HOURS MEALS		TELEPHONE/ PAGER LISTING	
DEPARTMENT INFORMATION TO BE COMPLETED WITHIN 90 DAYS OF ASSIGNMENT DATE					
	DATE / INT		DATE / INT		DATE / INT
DEPARTMENT SCOPE OF SERVICE. MISSION, VISION/ GOALS/ ANNUAL PLAN/ PI		DEPARTMENT POLICIES AND PROCEDURES/ COMMAND INSTRUCTIONS PERTINENT TO DEPARTMENT		CHAIN OF COMMAND EVALUATION/ FITREP/ MIDTERM COUNSELING PLAN	
HOURS OF OPERATION NORMAL WORKING HOURS WATCH-STANDING DUTIES		LEAVE/LIBERTY/SIQ/TAD POLICY/ROUTING PROCESS		DRESS CODE	
DEPARTMENT TRAINING PLAN, REQUIRED TRAINING, INDIVIDUAL TRAINING RECORD		DEPARTMENT/JOB SPECIFIC COMPETENCIES & ASSESSMENT PROCESS		REVIEW POSITION DESCRIPTION COLLATERAL DUTIES	
INFECTION CONTROL BLOOD-BORNE PATHOGENS HAND-WASHING		HAZARDOUS MATERIALS MEDICAL WASTE DISPOSAL READ AND SIGN MSDS		EQUIPMENT/SUPPLY REQUESTS	

THIS INDIVIDUAL HAS COMPLETED ORIENTATION TO THE DEPARTMENT AND THEIR PRIMARY ASSIGNMENT.

MEMBER'S SIGNATURE / DATE: \_\_\_\_\_ PRECEPTOR'S SIGNATURE / DATE: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE / DATE: \_\_\_\_\_