

Name _____

Department _____

Campus _____

DEPARTMENT ORIENTATION CHECKLIST

For all new, transferred, cross-trained or float staff, health profession students, and volunteers.

This form must be completed before providing care, treatment, or services independently.

Initials/Date: Validator must initial/date each box after validation. Write N/A if not applicable.

Send to Human Resources at WB Campus when completed.

Department	Initial	Date
Department tour – Locker room/personal belongings, bathroom, break room, supply rooms, check badge access		
Department-specific Emergency Preparedness & response (review DO IT guide at WB & FM campuses)		
Location of fire alarms, extinguishers & emergency exits. If applicable, shut off valves, eyewash stations, crash carts, AEDs, & other safety preparedness		
Department specific Infection control policies such as universal precautions, blood borne pathogens, hand hygiene and isolation precautions		
Department specific policies & procedure in PolicyStat and/or Lippincott		
Organizational tour		
Tour/common places (employee entrance, employee parking, cafeteria, conference rooms)		
Information/Communication		
Telephone System (Directory, voicemail, greeting, AIDET phone etiquette)		
Computer, copier, fax, mail		
Outlook email, email distribution lists, email expectations		
Internal communications & other newsletters		
Halo (if applicable)		
Propio (if applicable)		

Employee Signature/Date
Leader Signature/Date

Department Leader to Review with Employee	Initial	Date
Department or clinic mission/vision/scope of care/hours of operation/staff roles		
Position description/job specific orientation/initial competencies		
Department goals/expectations		
Required education expectations & Guidelines for Required Education		
Workday Learning- Expectation for orientation & annual modules		
Staff meetings expectations		
Schedule (PTO requests, holidays, exchanging hours, sick call, continuing education requisition etc.) See Policy Stat for policies		
Kronos - how to clock in, location of clock in, transfer of hours Logistics (for volunteers)		
Breaks/Meals expectation (area for breaks and consumption of food/drinks)		
Dress code		
Performance review/ 30- & 90-Day Evaluation		

Preceptor Signature/Date
Preceptor Signature/Date