

Orientation Checklist

Task	Date	Manager, Supervisor or Designee Initials	Employee Initials	Comments
Employee Health				
Hep B vaccination series, titer or declination				
Vaccination/titer based on policy/regulation				MMR, Varicella, Tdap, COVID-19, Influenza
TB Test (2 step skin test/Single-step blood assay)				
Process for reporting workplace illness/injury				
Tour				
Lockers/personal storage areas				
Food/break area				
Parking guidelines				
Review of Policies and Procedures				
Employee handbook				
Dress Code				
Job roles of clinic employees				
Hours of operation				
Call-in process				
Timekeeping/Clock in and clock out procedures				
Attendance expectations at staff meetings				
Review of clinic assignments (room cleaning, stocking of rooms, drug counts, etc.)				
Safety Issues				
New Hire Compliance Training (OSHA/HIPAA)				
Radiation Safety Training if applicable				
Review Hazard Assessment Certification form				
Locate personal protective equipment – training on proper use				
Review of available safety devices				
Locate SDS and Exposure Control Plan				
Review spill clean-up procedures				
Locate eye wash				
Walk fire evacuation route				

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Safety Issues				
Locate fire extinguishers/pull stations, emergency exits				
Discuss building security procedures				
IT/Equipment Issues				
Computer log on obtained, systems reviewed				
Operation of fax machine				
Operation of copier				
Phone System				
Telephone/voicemail – review function				
Frequently called phone numbers – pager numbers				
Answering phones – Customer Service				
Message taking guidelines				
Transferring calls				
Placing callers on hold				
Medical Records				
Chart filing system				
Chart tracking system				
Release of medical information				
Customer Service – Patient Satisfaction				
Handling Complaints/Compliments				
Translation and Interpreter services				

Cover each line item that applies to the employee. All others, mark NA (not applicable).

I agree that I have received training or have been shown the above items, and am able to perform or correctly explain them.

Name: _____ Date: _____

Manager’s Signature (designee): _____ Date: _____