Student Departmental Orientation

Student Departmental Orientation must be completed for all students prior to first day of work.

NAME: ________________________________________________

Dates Working: From: ____________ To: ____________

School Attending: ______________________________________

Department where working: ______________________________

HR Check Off

☐ Parking
☐ Hospital Mission/Vision
☐ Patient Rights and ethical aspects of care
☐ Blood Borne Pathogens Form
☐ Cultural Diversity
☐ Age Specific Care (Clinical Employees Only) Form

HR’s Signature: ____________________________ Date: ______________

Department Manager Check Off

☐ Pyxis Access (if applicable sign form and send to HR)
☐ Infection Control Plan (Blood Borne Pathogens)
☐ OSHA (Right to Know) Law/Hazmat Program
☐ Life Safety Codes
☐ Occurrence Reporting (Patients)
☐ Work Related Injury Reporting
☐ Reporting Processes for Common Problems, Failures, and User Errors
☐ Identifying the Patient Safety Officer and Safety Officer
☐ Departmental Policy and Procedure Related to Safety

Supervisor’s Signature: ____________________________ Date: ______________

I acknowledge that I have been oriented to my department and Gordon Hospital.

Student’s Signature: ____________________________ Date: ______________