

## **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: \_\_\_\_\_