**Department Orientation Checklist for Students**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Allenmore | | | Auburn Medical Center | | Covington Medical Center | | |
| Good Samaritan | | | Mary Bridge Children’s | | **Start Date:** | | |
| Tacoma General | | | Other | | **Due Date (within 10-days of placement):** | | |
|  | | | | | | | |
| StudentName: |  | | | | | |  |
| **Department:** |  | | | | | |  |
|  | | | | | | | |
| **Orientation Topics** | | | | **Staff****Initials** | | **Date of Completion** | |
| Department Tour | | | |  | |  | |
| Introduction to Staff | | | |  | |  | |
| Absence & Tardiness, Supervisor to Contact | | | |  | |  | |
| Problem Solving & Chain of Command (Department) | | | |  | |  | |
| Fire/Safety (location of pull stations and extinguishers) | | | |  | |  | |
| Disaster Plan & Evacuation | | | |  | |  | |
| Department Specific MSDS | | | |  | |  | |
| Location of Emergency Preparedness Manual, Disaster Kit and  Quick Reference Flip Chart | | | |  | |  | |
| Department Specific Policies & Performance Improvement | | | |  | |  | |
| Education & Training (related to equipment & procedures) | | | |  | |  | |
| My objectives for this rotation have been provided to me by my school.  **OR**  If this is a preceptorship, I have provided my preceptor with preceptor manual from my school and understand my objectives. | | | |  | |  | |
| I have received the MHS Practice Guide (Clinical Scopes of Practice) and understand my responsibilities within my specific role. | | | |  | |  | |
| **Student Signature** | |  | | Date: | |  | |
| **Staff Supervisor** | |  | | **Date:** | |  | |
| **Staff**  **Initials** | |  | | **Phone:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |