**Department Orientation Checklist for Students**

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| [ ]  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:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |