



“The Right Beat... For Your Staffing Needs”

286 Bogle Street, Suite 1, Somerset, KY 42503

Debra Laman, Administrator

Phone (606) 676-0222

FACILITY ORIENTATION SHEET

(FACILITY)

(COUNTY)

I have read the Policies and Procedures included in this orientation manual and understand the information as it is written. Included in this information is:

- | | |
|--|--|
| <input type="checkbox"/> Job Description | <input type="checkbox"/> Unit Orientated |
| <input type="checkbox"/> Safety Policies | <input type="checkbox"/> ACU (Ambulatory) |
| <input type="checkbox"/> Occurrence Reports | <input type="checkbox"/> CVU (Cardio-Vascular) |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Neuro/ICU (NICU) |
| <input type="checkbox"/> Emergency Team | <input type="checkbox"/> ICU |
| <input type="checkbox"/> Other Information | <input type="checkbox"/> Telemetry |
| <input type="checkbox"/> Agency Approved Videos | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Hazard Communications | <input type="checkbox"/> Recovery |
| <input type="checkbox"/> Fire Alarms | <input type="checkbox"/> ER |
| <input type="checkbox"/> Exits | <input type="checkbox"/> Med/Surge |
| <input type="checkbox"/> MSDS Location | <input type="checkbox"/> PEDS (Pediatrics) |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Soiled Utilities Location | <input type="checkbox"/> Rehab |
| <input type="checkbox"/> Location of Bio-Med Waste Containers | <input type="checkbox"/> LTC (Nursing Home) |
| <input type="checkbox"/> Review Policy Procedure Book for
Specific Facility | <input type="checkbox"/> Physicians Office |
| | <input type="checkbox"/> Outpatient Surgical |
| | <input type="checkbox"/> Adult Daycare |

Orientation Instructor: _____ Title: _____

Date: _____ Social Security Number: ____/____/____

Shift Started: _____ Shift Ended: _____

Signature: _____ ()RN ()LPN ()CNA