

NEW EMPLOYEE DEPARTMENTAL ORIENTATION CHECKLIST
 (Return to Human Resources within 10 days of hire)

NAME:	HIRE DATE:	JOB TITLE:
DEPARTMENT:	NEO DATE:	DEPARTMENTAL ORIENTATION COMPLETED BY:

TOPIC	DATE REVIEWED		N/A
1. HUMAN RESOURCES INFORMATION			
a) Departmental Attendance Standards			<input type="checkbox"/>
b) Job Descriptions Review			<input type="checkbox"/>
c) Performance Evaluation and/or Peer Feedback			<input type="checkbox"/>
d) Probation			<input type="checkbox"/>
e) Appearance/Dress Code			<input type="checkbox"/>
f) Annual TB Screening			<input type="checkbox"/>

2. DEPARTMENT INFORMATION	DATE REVIEWED		N/A
a) Organizational Structure			<input type="checkbox"/>
b) Department/Unit Area Specific Policies & Procedures			<input type="checkbox"/>
c) Customer Service Practices			<input type="checkbox"/>
d) CQI Efforts			<input type="checkbox"/>
e) Tour and Floor Plan			<input type="checkbox"/>
f) Equipment/Supplies			<input type="checkbox"/>
● Keys Issued			<input type="checkbox"/>
● Radio Pager Issued			<input type="checkbox"/>
● Other _____			<input type="checkbox"/>
g) Mail and Recharge Codes			<input type="checkbox"/>
h) HRSMGR (Add to Supv. "Reports To" List)			<input type="checkbox"/>

3. SAFETY INFORMATION	DATE REVIEWED		N/A
a) Department Safety Plan			<input type="checkbox"/>
b) Employee Safety/Injury Procedures			<input type="checkbox"/>
c) Hazard Communication			<input type="checkbox"/>
d) Infection Control/Sharps Disposal			<input type="checkbox"/>

4. FACILITIES INFORMATION	DATE REVIEWED		N/A
a) Emergency Power			<input type="checkbox"/>
b) Mechanical Systems			<input type="checkbox"/>
c) Water			<input type="checkbox"/>
d) Medical Gases			<input type="checkbox"/>
e) Patient Room			<input type="checkbox"/>
● Bed			<input type="checkbox"/>
● Headwall			<input type="checkbox"/>
● Bathroom			<input type="checkbox"/>
● Nurse Call System			<input type="checkbox"/>

5. SECURITY INFORMATION	DATE REVIEWED		N/A
a) Code Triage Assignment			<input type="checkbox"/>
b) Code Blue Assignment			<input type="checkbox"/>
c) Code Red - Evacuation Procedure			<input type="checkbox"/>
d) Code 10 - Bomb Threat Procedure			<input type="checkbox"/>
e) Departmental Security Measures			<input type="checkbox"/>
f) UCSD Emergency Number X6111			<input type="checkbox"/>

<u>Employee Signature</u>	<u>Date</u>
This generic checklist may not constitute a complete departmental orientation or assessment. Please attach any additional unit specific orientation material for placement in the employee's HR File	